RESEARCH REPORT

SUPPORTIVE HOUSING FOR SENIORS

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SUPPORTIVE HOUSING FOR SENIORS

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Supportive Housing for Seniors would not have been possible without the valuable advice and assistance provided by the Advisory Committee members, special reviewers, and project sponsors and residents of the participating case study projects.

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INTRODUCTION

Supportive Housing for Seniors describes the range and types of supportive housing for seniors now available—or that could be available—in Canada. *Supportive Housing for Seniors* is for people who want to find out more about supportive housing, how it works, who can benefit from it and how it can be made available.

Part 1 of *Supportive Housing for Seniors* introduces the concept of supportive housing and identifies the essential components required for a successful project from both the providers' and the residents' viewpoint. The ideas presented give insight into the characteristics and potential benefits of supportive housing and the range and types of supportive housing that can be made available.

Part 2 presents 10 Canadian examples of supportive housing. These reflect many of the ideas presented in *Part 1* and show the variety of options that are now available.

How information was obtained

The information in *Supportive Housing for Seniors* draws from several sources. The project team reviewed the most recent literature on supportive housing and then consulted housing experts and support service providers. An advisory committee of representatives from agencies responsible for housing and health services for seniors and a number of special reviewers helped develop *Supportive Housing for Seniors*. The committee members and reviewers are listed at the front of this book.

Canada Mortgage and Housing Corporation (CMHC) staff, members of the advisory committee and other experts identified 44 examples of supportive housing projects that might be included in *Supportive Housing for Seniors*. Appendix A lists 34 of these projects. Ten of the original 44 were selected for *Supportive Housing for Seniors*. Information gathered through telephone interviews and completed questionnaires provided details about the day-to-day experiences of residents, housing managers and support service providers in these projects. The sponsors and managers of the selected projects provided most of the photos and illustrations in *Supportive Housing for Seniors*.

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PART 1: A DESCRIPTION OF SUPPORTIVE HOUSING

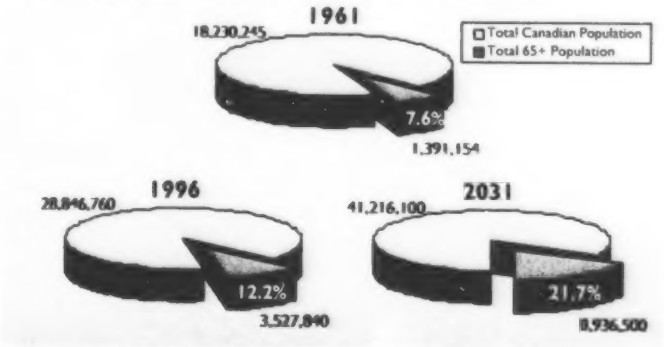
Background

In his most recent book, *Boom, Bust & Echo 2000*, well-known Canadian demographer David K. Foot[1] contends that demographics explain two-thirds of everything. If this is true, demographics will play a large role in increasing demand for supportive housing for seniors over the next several decades.

The number of Canadians over the age of 65 grew by more than 250 per cent between 1961 and 1996. If that trend continues, by 2031 this population group will have grown and changed in ways that will have significant implications for Canada. In particular, the number of older seniors—those older than 75—will escalate to unprecedented levels. It is estimated that by the year 2031, the number of Canadians in the 75–plus age group will grow by 277 per cent to 4,077,200 from 1,471,100 in 1995 and the number in the 85–plus age group will more than triple to 1,091,400 from 352,000 in 1995.[2]

The high growth in the number of older seniors, combined with some important health, social and economic trends affecting Canada, will likely result in heavy demands on public funding unless more efficient ways of meeting the needs for housing and support services of these seniors are developed widely. Problems are already being experienced across the country in meeting the needs of the growing number of frail elderly people who may be tenants in private or public housing or may be living alone with no opportunities to benefit from informal support from family and friends.

1: Demographic trends in Canada, 1961-2031



Source: Statistics Canada 1961 and 1996 Census, Nation Series, CD-ROM. Estimated population for 2031 according to Statistics Canada Population Projection Model, using a medium growth scenario.

Trends influencing the need for supportive housing

Health trends

- Canadians are living longer than ever. In 1986, baby boys and girls were expected to live an average of 72 and 79 years respectively.[3] In 1996, these estimates increased to 75.7 years for boys and 81.4 years for girls.[4]

2: Total Life Expectancy (years) at Specified Ages, by Sex—Canada—1996

Age	Total	Male	Female
At birth	78.6	75.7	81.4
55	26.5	24.2	28.7
60	22.3	20.1	24.3
65	18.4	16.3	20.2
70	14.8	13.0	16.3
75	11.6	10.1	12.7
80	8.8	7.6	9.6
85	6.6	5.7	7.0
90	4.9	4.4	5.1

Source: Statistics Canada. Compendium of Vital Statistics 1996. Ottawa: Statistics Canada, 1999 (Statistics Canada Cat. No. 84-214-XPE); Statistics Canada, Health Statistics Division, Special Tabulations.

- Gains in life expectancy have also added to the years during which older people experience health problems. Canada, therefore, can expect substantial increases in the number of older people with activity limitations. About 46 per cent of

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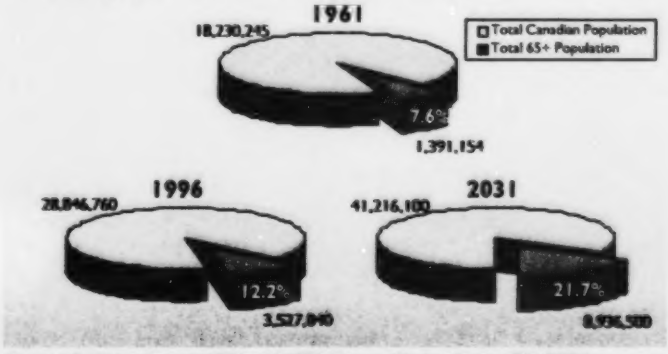

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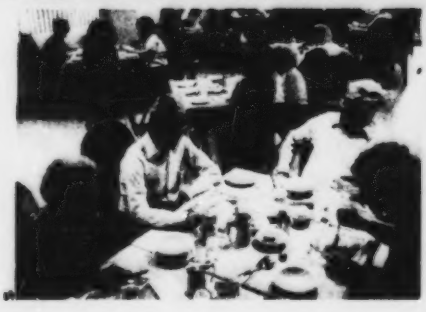
Canadians over 65 have some difficulty in carrying out one or more of the activities of daily living such as climbing stairs, taking a bath or preparing meals.[5] This percentage increases to 52 for those aged 74-84 and to 74 for those over 85.[6]

- Canada can also expect significant increases in the number of older people with chronic disabilities. Disability-free life expectancy as a proportion of total life expectancy declines with age. For example, in 1991, nine of the 18 years of the average life expectancy of people over the age of 65 were expected to be free of any disability. Only one of the six years of the average life expectancy of people aged 85 or more was expected to be disability free.[7]
- Canada will also be challenged to find ways of addressing the needs of people who suffer from deme. .tia.[8]

Social trends

- The majority of women in Canada now participate in the labour force.[9] In addition, a greater number are taking senior positions at work which require more effort and, therefore, more of their time and dedication. Since women have traditionally been the primary caregivers, it is reasonable to assume that their increasing involvement in the labour force will affect the level of their volunteer contribution to agencies which provide support services to seniors as well as their ability to help aging parents.
- The average size of the Canadian family has been decreasing since 1961 and it is expected to further decline, from 2.7 people in each family in 1991 to 2.5 by the year 2016.[10] It is also apparent that geographic mobility among adult children who seek new or better job opportunities is on the rise. These two trends are further curtailing the traditional resources for informal support in Canada.
- One of the fastest-growing groups of Canadians is people who live alone. In 1996, nearly 22 per cent of all Canadians over 55 reported that they were living alone. This percentage increased to 28 for those over 65, to just under 39 for those over 75, and to 48 for those over 85.[11] If current trends continue, 35 per cent of Canadians aged 75 or more, roughly 1,700,000 people, will be living alone by the year 2001.[12]
- A substantial percentage of older Canadians who live alone are also limited at home or in other activities because of health.[13] In 1996, close to 17 per cent of all people over the age of 55 and living alone were limited at home or in other activities. This percentage increased to 20 for those over 65, to nearly 25 for those over 75, and to just over 35 for those over 85.[14] Many people consider living alone as the biggest risk factor that forces a frail or elderly person with disabilities to move into a long-term health care institution.
- It has consistently been shown that older people requiring assistance prefer to live in a residential setting of their own choice rather than move unnecessarily to a long-term health care institution.
- A significant number of older Canadians who live alone live in single family detached houses. In 1996, close to 39 per cent of all people 55 years old or older who were living alone lived in this type of home. This percentage was nearly 40 for those over 65, just under 39 for those over 75, and close to 35 for those over 85.[15]
- Most older people, regardless of their health condition or living arrangement wish to maintain independent lifestyles for as long as possible, and it is expected that more and more will demand the types of options that can sustain and enhance their independence.
- Seniors want to engage in a variety of social and recreational activities. According to Statistics Canada, seniors spend about two hours a day socializing, visiting or talking on the telephone with friends, going to restaurants, having people over for meals and so on. They devote another hour and a half a day to a number of leisure activities, such as sports, hobbies, playing cards and driving for pleasure. They also watch

television every day for between three and 3 ½ hours. In 1995, close to 50 per cent of seniors said that they had engaged regularly in physical activities, such as walking and hiking and exercise or yoga classes.[16] It has been widely recognized in Canada that people who maintain busy lifestyles and participate actively in social and recreational activities are likely to have healthier, happier and longer lives.



Active lifestyles and social and recreational activities promote healthier, happier and longer lives

Economic trends

- In general, the living standards of Canada's seniors—men and women 65 years of age or older—have improved over the past 20 years. Improvements in the pension system have resulted in steady increases in seniors' average incomes as well as in decreases in their poverty rate. Between 1981 and 1997 seniors average income rose 17 per cent (adjusted for inflation),[17] and in 1995, senior's poverty rate dropped to an all-time low of 16.9 per cent.[18] It is reasonable to assume that today's seniors can better afford housing choices than seniors could in the past.
- Average incomes in the senior population, however, drop as people grow older. In 1996, the average income of people over 65 was $40,355. This average decreased to $36,672 for those over 75, and to $34,676 for those over 85.[19]
- Seniors living alone have even lower average incomes. In 1996, the average income of people over 65 living alone was $21,174. This average decreased to $20,438 for those over 75, and to $19,315 for those over 85.[20]
- The majority of seniors live in dwellings that they or a member of their household own. In 1996, 73 per cent of all people 65 years old or more lived in dwellings they or a member of their household owned. This percentage, however, dropped to 67 for those over 75, and to 61 for those over 85.[21]
- Canada has changed over the past 54 years and it will continue to change in the future. From 1945 to the early 1970s, Canada was a country with heavy government spending on social programs. Starting in the early 70s, and continuing into 1999, governments became increasingly concerned about economic performance, unemployment (particularly among youth), child poverty, homelessness, inflation, deficits and debt, and about their ability to continue to maintain spending levels on social programs.

  The new Canada is likely to be characterized by, among others, slow but solid economic growth, an aging population and increased collaboration between the public, the not-for-profit and the private sectors.
- With the rapid aging of the population, and with the overwhelming desire of older people to live independently in residential environments as long as possible, it is likely that current trends of minimizing unnecessary institutional care for older people and maximizing community based housing solutions for them will continue.

The potential for supportive housing

As the 21st century opens, Canadian seniors have more and more housing choices available. One promising option is supportive housing. Supportive housing is the type of housing that helps people in their daily living through the provision of a physical environment that is safe, secure, enabling and home-like and through the provision of support services such as meals, housekeeping and social and recreational activities. It is also the type of housing that allows people to maximize their independence, privacy, decision-making and involvement, dignity and choices and preferences.

There can be various forms of supportive housing depending on the levels and types of services that are provided. The most service-enriched forms of supportive housing, such as assistive living[22] could be an alternative to unnecessarily accommodating people in a nursing home.[23]

Supportive housing can be most beneficial to seniors over 75 years of age; those who need help to carry out activities of daily living; those who are frail or have disabilities and those who are living alone. It can also benefit seniors who prefer to live with their peers in an environment where they can enjoy companionship and the freedom to pursue different interests and lifestyles.

Supportive housing can be made available in a variety of building types and sizes. These range from small bungalows or cottages, to homes shared by a group of eight to 10 people, to larger buildings containing many dwelling units. The examples shown in *Part 2* of *Supportive Housing for Seniors* give a good idea of the range of choices available today in Canada.

Several types of supportive housing initiatives and programs are offered across Canada. Several provinces have developed their own definitions of supportive housing to meet specific circumstances, requirements and policy objectives. Some of these are presented in Appendix B. Many of the examples in *Part 2* have been developed under these programs.

The five key components of supportive housing

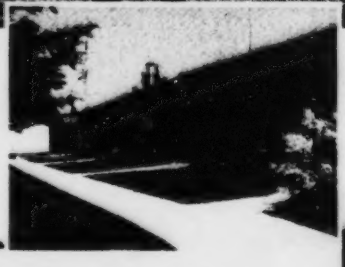
Supportive housing includes the following five key components.

1. Residential character
2. Supportive physical environment
3. Access to necessary support services
4. Progressive management philosophy
5. Affordability and choice.

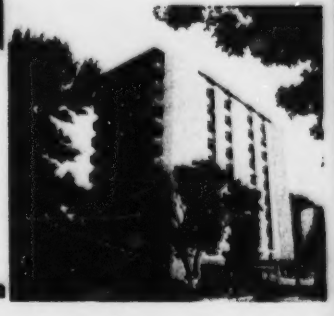
Residential character

The first key component of a supportive housing project is its residential character. Seniors' quality of life can be sustained or improved if they can continue to live in familiar, welcoming and home-like environments. Supportive housing projects should be in good, safe, attractive, residential neighbourhoods and complement them in their style and character. Whether in a downtown neighbourhood, suburb or rural setting, a good location should always be an important consideration. Projects should have easy, safe and convenient access to community-based services, including public transportation. Ideally, a supportive housing project should be located within a block or two of services such as a convenience store, bank, church, pharmacy, medical clinic and hair salon. If this

Seniors' quality of life can be sustained or improved if they can continue to live in familiar, welcoming and home-like environments



The residential character can be introduced in all types of housing options

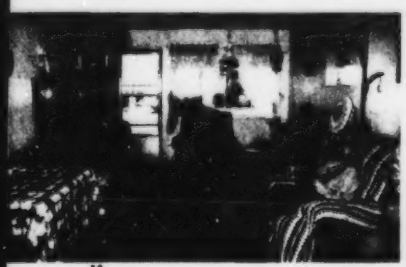


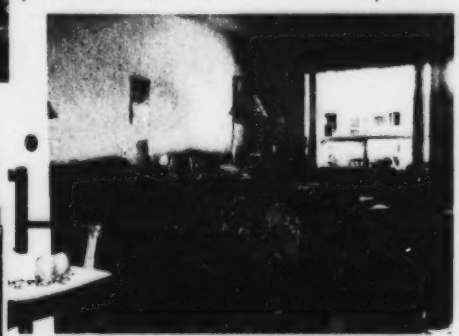
Good architectural design will produce a safe, secure and enabling physical environment that is accessible, flexible, adaptable, healthy and encourages socializing and mutual support

is not possible, good public or private transportation, or a combination of the two, can help to bring community services closer to residents.

Supportive housing projects should be designed to satisfy the needs and preferences of potential residents, to accommodate a variety of habits, likes, personalities and to allow individuals to have control over their own private living spaces. Regardless of the size and type of the project, occupants should have their own private home—a suite, apartment or other private living space—that is self-contained, manageable, safe and secure.

Residents' uniqueness can be recognized by allowing them to furnish and organize their private living space the way they want. Projects that offer bed-sitting rooms or studio apartments may include some furniture in the cost of shelter. However, residents should still be able to—and encouraged to—bring their own belongings, such as artwork, mementoes, family photos and other collectibles, to personalize their homes. This is important because seniors often move from a larger family home where they have enjoyed their personal belongings and family souvenirs for many years.





Seniors love to personalize the look of their homes

Access to a private outdoor space, such as a balcony or patio, is important. These spaces often serve as added amenities for activities such as gardening or casual family dining. They also encourage residents to enjoy the outdoors. Window boxes or flower beds

Attractive and functional private outdoor spaces encourage active lifestyles

outside ground floor units or near entrance doors can enhance the residential character of a project.

Supportive physical environment

The second key component of supportive housing is the physical environment. Good architectural design will produce a safe, secure and enabling physical environment that is accessible, flexible, adaptable, healthy and encourages socializing and mutual support.

Providing for safety and security

A safe and secure environment is critical in supportive housing. Injuries and crime can be prevented through good architectural and environmental design. They can also be prevented through good management practices and the use of modern technology. Residents should be able to feel safe and secure anywhere in the project, and in particular in their own homes (private dwellings). They should also be able to summon and obtain help when needed.

Electronic emergency response services can be useful to ensure that residents can obtain timely help. There are a variety of systems and services available in Canada.[24] The main advantage of an emergency response service is that it can be used to call for help the moment it is needed. A small transmitter, worn on a neck pendant or wristband, sends an alarm signal when the user presses the button in it. This

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activates two-way communication. A monitoring centre on site or elsewhere can immediately respond to calls from residents and provide the necessary assistance. Monitoring centres should operate 24 hours a day. Private companies offer monitoring services, usually for a monthly fee.

Electronic response systems enable seniors to obtain timely help when needed

Volunteer-based monitoring services can also help residents feel safe and secure. They are usually provided by community-based agencies. When using these types of services, residents receive a daily phone call from a volunteer. The main objective is to find out how the residents are doing through a friendly contact. The most important thing to do to provide for safety and security in your project is to be pro-active and implement a well-thought-out safety and security plan for your project. When preparing your plan make sure that you consult with those concerned with safety and security in your neighbourhood, such as the local police and fire departments, hospital and volunteer groups. Make sure that you identify all possible safety and security risks that can exist around the project, including all seniors' private dwelling units,[25] and implement the necessary measures to eliminate them.

Providing a safe and accessible environment

As we grow older, we are more at risk for accidents and injuries. Most injuries result from falls. Most seniors who are injured are hurt in falls, often around their homes. One in three seniors who live in their own home has a fall each year.[26] Among people aged 71 and over, falls account for 75 per cent of all deaths and 89 per cent of all hospitalizations due to unintentional injury. The majority of injuries are preventable if certain measures are taken. For example, the following design features[27] can be implemented to help prevent injuries in the home and to assist residents with disabilities in their day to day activities.

Sponsors of new projects may wish to offer residents the choice of a walk-in shower stall rather than a bathtub, although in many cases they may be able to offer them both. For example, shower stalls in private suites can be combined with bathtubs in common bathrooms. The shower stalls should be designed to accommodate a person using a wheelchair.

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Supportive design features in bathrooms go a long way in promoting independence and preserving dignity

Basic check list: Designing safe and accessible bathrooms

- **support bars near the tub, toilet and sink**
- **hand-held shower in the tub**
- **non-slip surface in tube and shower stalls**
- **an outward-opening bathroom door—in case of falls**
- **an entrance door wide enough to accommodate a walker or wheelchair**
- **single lever faucets with hot and cold clearly marked**
- **shower seat**
- **heat lamp**
- **portable raised toilet seats to accommodate a person using a wheelchair or to assist people who may have difficulty getting on and off the toilet**

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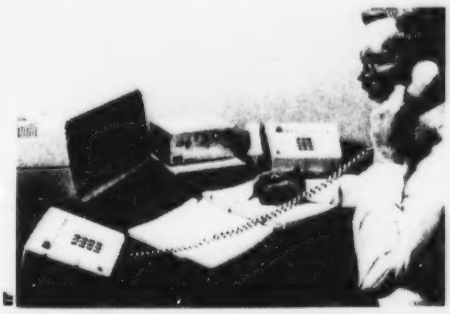

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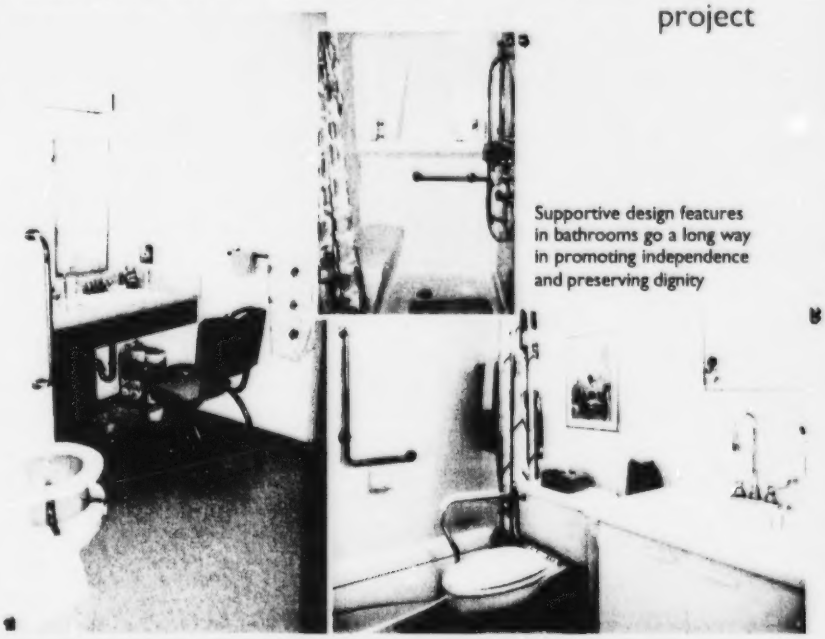

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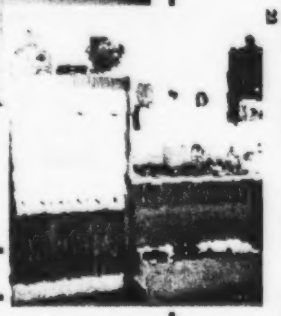
- **portable raised toilet seats to accommodate a person using a wheelchair or to assist people who may have difficulty getting on and off the toilet**

Pull-out drawers and shelves help seniors prepare their meals with ease

Basic check list: Designing a safe and accessible kitchen

- pantry with pull-out shelves
- upper kitchen cupboards low enough for easy reach
- lazy susans in lower corner cupboards
- sliding pull-out lower shelves
- single lever faucets on the sink
- task lighting over sink, stove and work surfaces
- wall oven with side-swing door and clearly marked on-off switches
- open space under kitchen sinks or cook tops to accommodate a seated person or a person using a wheelchair

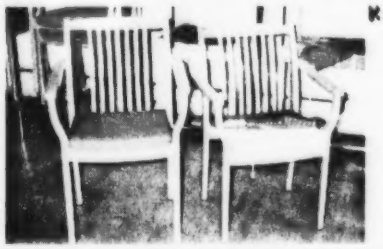
This seat can allow someone with a back problem to prepare meals comfortably



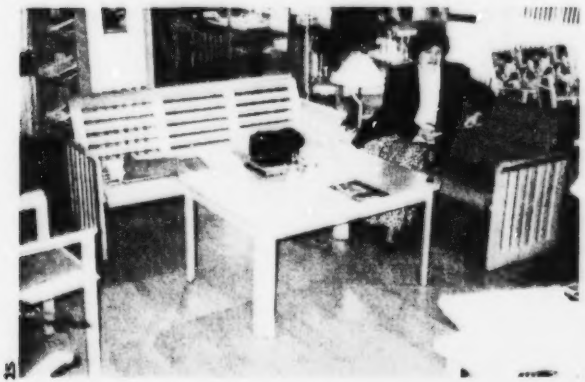
Basic check list: Making sure all rooms are safe and accessible

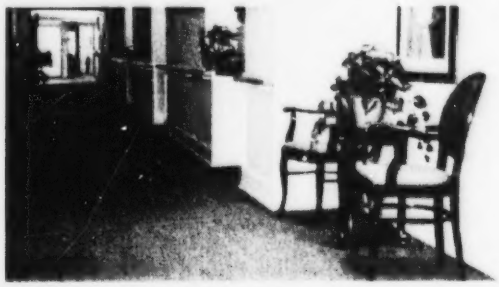
- non-slip flooring, such as textured tiles, in entrance foyers, kitchens, and bathrooms
- attractive and user-friendly handrails in halls
- overhead light fixtures with at least three light bulbs (if one bulb burns out, the others will still be working)
- large windows that bring in lots of light and maximize the view while sitting
- wide doorways with very low, or no, thresholds to make getting inside or outside while carrying groceries easier
- lever door handles that can be easily turned
- electrical outlets, light switches and other controls that are easy to reach while sitting
- water temperature controls to prevent accidental scalds
- good-quality non-glare lighting
- closets usable from a seated position

Dining chair with casters on front legs can enable frail seniors to wheel in and out from the table with ease



Light and comfortable furniture give seniors a measure of independence and easy-to-clean furniture is always appealing and welcoming





Basic check list: Designing safe and accessible indoor common spaces

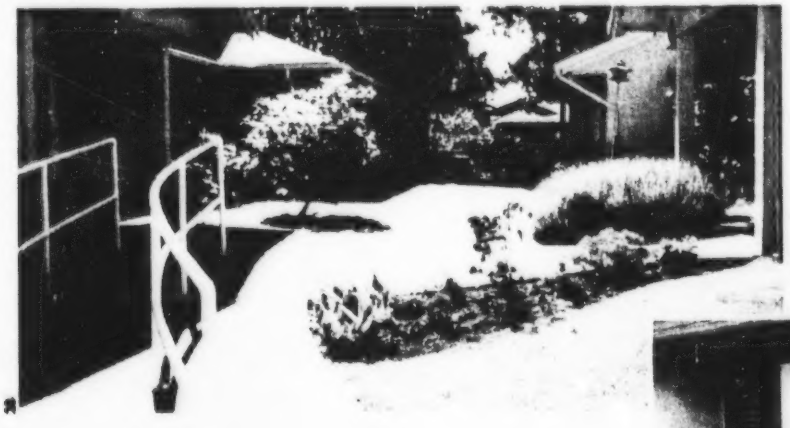
- attractive handrails along corridors (this can encourage residents to walk along hallways in the winter time for exercise)
- fluorescent lighting for increased brightness in some areas, such as exercise, reading and laundry rooms
- extra seating areas, for example, along hallways or places where residents wait for elevators
- dining room furniture which is safe including round tables, chairs with arm rests, and chairs with casters on two legs which allow people to wheel in and out from the table
- contrasting textures and colours on walls and floors
- safety stripping or other gauge on each stair of a staircase
- wider hallways to accommodate wheel chairs and scooters
- timing mechanisms on elevators set to allow for "slower" or "delayed" entry and exit

Providing attractive, safe and accessible common spaces

When planning the common indoor spaces, it is important to recognize that some residents use, or will use, assistive devices, such as walkers, canes and wheelchairs. Good design allows the safe use of these devices in areas such as dining rooms, public hallways and elevators without disrupting other residents. It is also important to keep in mind that residents will need an appropriate and convenient space to "park" their walkers or set aside their canes while sitting or having a meal.

Basic check list: Designing safe and accessible outdoor common spaces

- level entryway into the building covered entranceway
- front door which opens automatically
- extra-wide, level walkways around the building
- non-slip finish on walkways and patios
- plenty of outdoor lighting
- extra seating along the walkways



Safe, accessible and attractive outdoor spaces promote well-being

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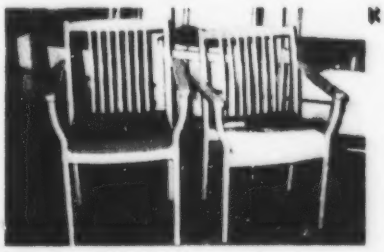

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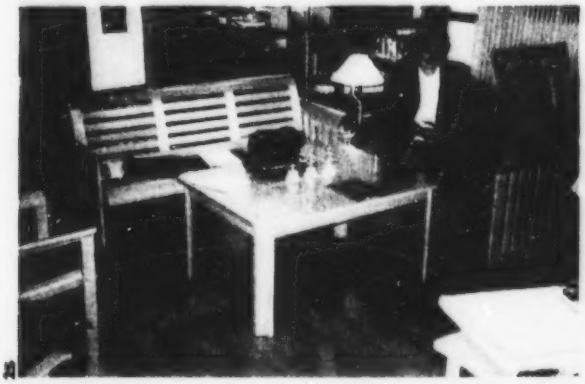

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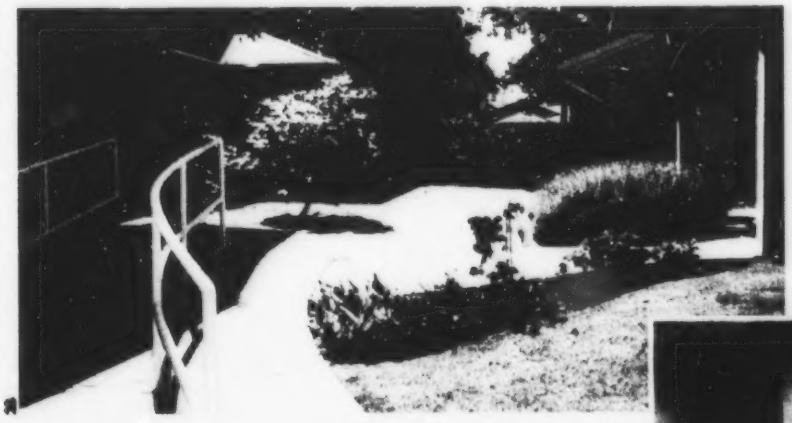

Safe, accessible and attractive outdoor spaces promote well-being

An accessible bathtub with watertight gate.

Designing flexible and adaptable environments for changing needs

It is important to think about the changing needs of seniors when designing common and private spaces for them.

Many seniors who are completely independent when they move in may need more assistance in the future. There is an advantage to a flexible and adaptable design that can be changed over the years as seniors' needs change.

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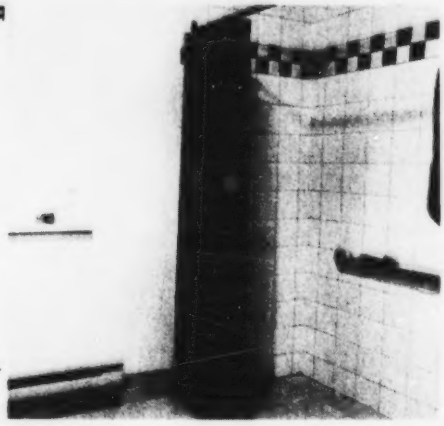
A flexible and adaptable design will make it easier and less costly to convert space later. For example, in a multiple storey building storage rooms can be located in the same place on each floor (lined up top to bottom) to accommodate the installation of an elevator later on. Other conversions include rearranging the floor plan in a building to create an office or converting a private unit into a common dining room or meeting room.[28]

Adjustable kitchen cupboards and counters permit change without major renovation. This is an adaptable kitchen with standard features and cabinetry.

The same kitchen after removal of lower cupboards to enable users to work from a sitting position.



An adaptable wheel-in shower can be converted to accommodate a bathtub and vice versa

Designing healthy homes

Housing developments consume energy, materials, water and land, while the environment affects our living conditions, social well being and health. It is possible to balance these factors. There are affordable ways to design new, or retrofit old, buildings so that existing resources can be used more efficiently and our homes can be healthier. This approach to housing design can benefit residents as well as the natural environment.

Basic checklist: Producing Healthy Housing[8,29]

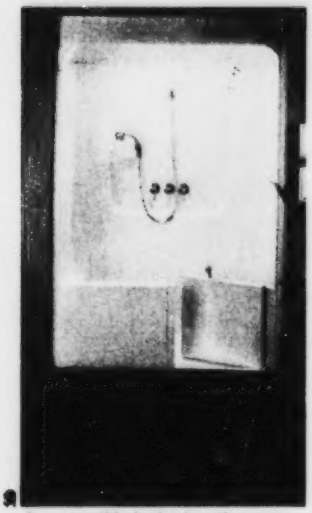
- low-odour, non-toxic materials
- toilets and faucets that can be set at low-volumes
- energy efficient appliances
- energy efficient windows that provide optimum lighting
- smart use of solar energy
- high levels of insulation
- rain water cisterns for domestic water and garden use

Providing opportunities for active living, socializing and mutual support

Supportive housing can encourage active living, social interaction and mutual support by offering attractive common areas, both indoors and outdoors, where residents can gather for meals, recreation, or conversation.

Common indoor amenities can include a dining room and kitchen, a laundry room, a library or reading room, a computer room, a lounge for special gatherings and a games or exercise room. In multi-storey buildings, the

You are never too old—a 93 year-old man enjoys the treadmill



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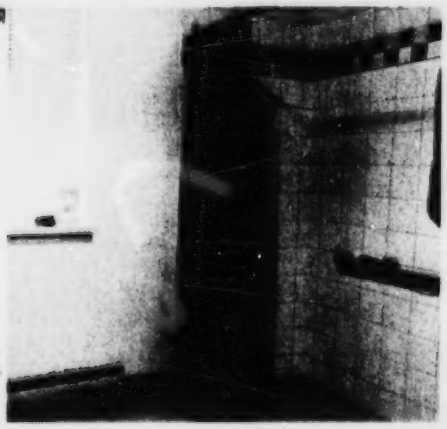

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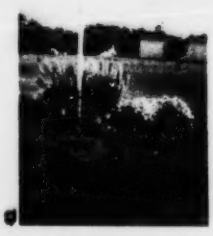
Physical activities and socialization promote active living and can delay the onset of disabilities

Well-designed outdoor spaces are revitalizing and provide the opportunity to socialize as well as commune with nature.



ideal is both a laundry room and a lounge or meeting room on each floor. It is very important to have washrooms near the lounge or dining areas.

Other indoor amenities include a hair salon, a small convenience shop and an office for visiting health professionals. If residents are able to walk or take public transit to nearby amenities and services, it may not be necessary to offer some of these services in the building.

Offering guest suites for out-of-town family members or friends who wish to visit is a good idea. Seniors also appreciate extra space that allows families or friends to eat a meal together or share discussions, particularly if their private dwellings are small. Other indoor amenities that encourage visitors include a hospitality lounge where refreshments are available, with a nice view of the landscape and comfortable furniture.

Outdoor spaces are as important as indoor spaces in supportive housing.

Studies show that activities such as gardening and walking are enjoyable and therapeutic for people of all ages and cultures. Providers of supportive housing should pay a great deal of attention to outdoor amenities that promote opportunities for seniors to remain active. The kinds of outdoor features they enjoy include:

- landscaped gardens or courtyards with raised flower beds so that seniors can work together in the garden from a sitting position (raised beds can also be designed so that they are accessible for people using wheelchairs)

Access to necessary support services can enhance the safety, independence and well being of seniors

- colourful flowers throughout the garden area which seniors can enjoy while strolling outdoors
- comfortable, conveniently-placed benches in shaded areas for seniors to sit, rest, chat, and watch nearby activities
- extra wide, level walking paths—these paths should be kept clear of snow in the winter so seniors can have access to outdoor space all year
- gazebos, arbours, bird baths or other interesting focal points which seniors can enjoy together
- covered patios or porches outside the communal lounge or dining room where seniors can gather as a group to socialize in nice weather
- vegetable gardens, particularly in rural projects which seniors can tend together

Although many seniors in supportive housing—particularly those in urban areas—may no longer drive, some still do. Most have relatives and friends who visit them frequently. It is important to find out how many parking spaces, and what type of parking, you need to meet the residents' needs. You will also need to know how much parking you will need for your staff and visiting support workers.

Accessibility to necessary supportive services

3 The third key component of supportive housing is access to the types of support services that will enhance the safety, independence and well being of residents. These[30] include:

- meals
- housekeeping
- laundry
- transportation
- access to recreational, and social activities
- information and referral as well as individual or group counselling on issues that affect older people
- assistance with medication
- help with dressing and bathing
- wellness clinics where checks on weight, blood pressure, and so on, can be done.

Supportive services can be provided in many ways. The examples in *Part 2* and the following information show the many different, possible ways. Regardless of the approach taken, however, the following *general principles* apply:

- it is important to understand the needs for services of the target market, both current and into the future, as well as their preferences. It is also important to find out how much seniors can afford to pay for the services they need. This information is key to implementing a successful strategic plan.
- residents should have choice both in the menu of services available to them, as well as in the way services are delivered—"one size fits all" is not the way to organize support services; service packages and arrangements should be flexible and be able to accommodate the various and changing needs of the target market. A flexible plan should be designed which is appropriate for residents as they get older or their circumstances change.
- it is important to recognize that residents may choose to make their own arrangements for help regardless of what management offers in the way of services

Ways in which support services can be provided

1. Services can be offered as part of the resident's monthly accommodation fee.
   Services offered in this way typically can include one or more meals a day, housekeeping, laundry, assistance with personal care and professional health services. This may be the best approach if most of the residents in the building require daily assistance. The shelter and service package can still be tailored to the resident's individual need and should be reviewed by staff from time to time. To ensure overall economic feasibility, *it is a good idea to establish a minimum set of services* that will meet the needs of all residents. Additional services can be offered on an individual basis depending on the resident's needs and preferences.
2. Residents can receive services directly from community agencies such as Home Care or Meals on Wheels.
   In some cases these services can be paid for by a government program or health plan. In other cases residents may pay user fees. Supportive housing providers should be prepared to offer assistance in arranging these services when needed. Seniors often are not aware of what services are available in the community or how to access the services. It is a good idea to have an on-site service coordinator—either full-time or part-time—available to help residents access services when they need them.
3. Residents can use services on a pay-as-you-go basis, at a monthly or yearly fee. Under this arrangement, residents do not have to pay for services they do not want or need. Services can be delivered either by on-site staff or contracted out to local agencies.

It is also possible to use a combination of the above approaches to ensure access to services.

Social and recreational activities

It is important to support residents' in their interests and hobbies. While social and recreational activities are important to many seniors, not everyone may want to be a "joiner." It is just as important for supportive housing providers to respect a resident's right to

Recreational activities encourage social interaction and broaden horizons

privacy as it is to offer activities to those residents who wish to participate.

One way in which housing providers can promote active living and encourage social and recreational activities is by offering attractive indoor and outdoor common spaces. (See *Providing opportunities for active living, socializing and mutual support*, page 12)

Another way is to support volunteers in their efforts to organize activities. This can be done by offering in kind assistance such as the printing of flyers and posters or by providing space for a meeting. If the project has a residents' association, management and the association can share the responsibility of organizing the social and recreational events in the project.

Enhancing accessibility to services through community partnerships

Project sponsors can enhance accessibility to support services for their residents by working together with local organizations that serve seniors. This approach can encourage residents to socialize with other people who live in the surrounding community. Partnerships can also make on-site services financially feasible and more cost-effective. These are the kinds of things a sponsor can do:

- provide a complimentary membership in a neighbouring seniors' activity or recreation centre to all new residents when they move in
- offer a membership on a monthly basis to seniors living outside the project to give them access to services in the building. The residents' association could be responsible for administering the membership drive
- form an association with a local home support agency which offers day programs for seniors—if enough residents attend the day program, the agency may assist with transportation
- consider leasing out space on the ground floor to an agency which provides programs for seniors; seniors in the neighbourhood as well as residents could participate in the programs; residents could also volunteer in the programs
- encourage "intergenerational activities" by working with local schools to arrange visits from school children
- work with local "mother and baby" programs to arrange visits by young single parents (residents can act as surrogate grandparents)
- offer the use of the central kitchen to other agencies—for example, a Meals on Wheels or Wheels to Meals program could operate from the central kitchen; the meals could be served to residents as well as seniors living in the surrounding area
- form a partnership with a local shopping mall or grocery store—retail stores will often offer free transportation and discounts if enough seniors come to shop in their store
- connect with a gerontology program in a local university or college—educational institutions are always looking for placements for their students
- form a partnership with an organization that provides training, education or support to staff such as a local college or home support association
- make a communal meal program available to people living in the neighbourhood as well as residents to increase its economic viability—work with local churches and community centres to make people aware of the program
- encourage private entrepreneurs such as a travel agents, restaurateurs or retailers specializing in seniors to set up shop in the building

Progressive management philosophy

The fourth key component of supportive housing is good management.[31] A question that managers and other staff of supportive housing for seniors should ask themselves is..."What would I like to have if I were to live here when I'm 80 years old?"

Hire managers who are "people-focused"

The key attribute of a manager of supportive housing is a genuine love of people. The

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People-focused managers are important in supportive housing

primary role of the manager is to know the residents and their needs and preferences. The manager fulfils almost a "concierge" function. Experience has shown that by "getting to know each other" residents (and their families) are very comfortable approaching the manager on a wide range of issues. Having good listening skills is a big part of the job. It is also important to know when to help and when not to help.

Involve residents in decisions that affect them

Progressive managers involve residents in decisions that affect them. This can be done in a number of ways including:

- supporting resident associations or working committees
- having an "open-door" policy for residents and making residents feel that they can always come and see the manager if they have any concerns
- communicating personally and through newsletters or regular staff/resident forums
- conducting annual satisfaction surveys and acting on the results
- inviting residents to sit on management boards
- inviting residents to choose decorative features, such as art work and colour schemes, in common areas
- seeking input from residents about their priorities for discretionary expenditures on things such as artwork and other decorative items in common areas
- having a suggestion box to obtain ongoing feedback from residents

Understand and communicate with family members and friends

For most residents in supportive housing, family and friends are important sources of support. If the resident agrees, it is a good idea for managers to meet regularly with family members or friends. There may be times when family involvement is vital. For example, if a resident becomes unable to cope and becomes a risk to himself or herself and others in the building, discussions with family are essential. A co-operative effort by the resident, family, health care providers and management will ensure that the next steps are in the resident's best interests.

Establish realistic expectations about access and costs of support services

In trying to serve the needs of residents an attempt should be made to balance the expectations of residents and what they can afford to pay with the resources available to deliver the services. Here are some ways in which this can be achieved:

- use a "Negotiated Service Agreement"[32] process where the resident and management formally agree to share the responsibility for supportive services. In this process, residents are encouraged to be as independent as they are able to be. Family and friends are encouraged to continue their supportive relationships, and management takes responsibility for the provision of certain support services.
- for non-profit organizations, it is a good idea to involve personnel with a history of working in the "for-profit" sector on the management team
- management teams should include staff with experience in housing as well as support service provision. This balances the team and helps ensure that both housing and support services are sustainable over the long term.

Have a resident selection process

Supportive housing may not be suitable for everyone. It is important to recognize this and have a selection process in place to help

decide who should live in the building. Some projects use a fairly formal process that involves an independent written assessment of the resident's needs and preferences. The content of the assessment may be dictated by provincial guidelines for seniors housing and services. In smaller group living arrangements, a more informal interview approach by management with prospective residents may be all that is necessary. In either case, the assessment should consider a resident's income and health, including cognitive ability and level of independence, as well as the availability of support from family or friends.

In smaller projects, the resident's personality can be an additional or more important factor to consider. In these projects, it is extremely important that residents be compatible with each other. While personalities do not always mix, experience has shown that mixing age groups or gender in a small group setting is not necessarily a problem.

Support staff in their work

Supportive housing projects need full-time or part-time staff to help with administration, service provision, and building maintenance. Staff should be sensitive to residents' needs. But remember also that it is just as important for management to support front-line staff in their work as it is for staff to support residents. There is a positive relationship between employee satisfaction and quality job performance. Here are the kinds of things that sponsors and managers can do to support their employees in their work.

- offer employee assistance programs that provide access to confidential counselling and referrals for work related, personal, financial, legal or other issues
- offer general ongoing training opportunities and provide training on specific topics such as burnout, dealing with grief, dealing with conflict, and problem solving
- provide professional training such as CPR and quality customer service
- provide financial assistance and opportunities for educational upgrading
- conduct regular employee satisfaction surveys and act on the results
- use rotating staff schedules and duties to avoid burnout
- offer mentoring to match experienced staff with new employees
- conduct regular meetings with staff and have an "open door" policy between meetings
- use a teamwork approach rather than a hierarchical structure
- provide good quality equipment and maintain a safe work place
- provide up-to-date information on new products and resources that can help employees do a better job
- establish a regular employee recognition program and maintain a good working environment

Establish policies on the rights of residents

Ensuring that the rights and interests of residents are protected is very important in supportive housing. For example, under what circumstances can management legally ask a resident to move out?

Ensuring that the rights and interests of residents are protected is very important in supportive housing

More and more provinces are adding protection for residents living in care homes to their residential tenancy acts to ensure that the rights and interests of people living in seniors housing are protected. This is particularly important in projects offering new types of tenure, such as leaseholds, life leases, life tenancies and shared equities.[33] It is important to become aware of current government legislation, or guidelines, designed to protect the rights and interests of residents.

Supportive housing providers should establish and implement clear written policies[34] dealing with the rights and interests of residents in their projects. For example, one of the policies could set out the reasons a resident may be asked to move out as well as the actions that

management and residents should take under such circumstances. It is very important to have a written agreement, signed by the resident, a family member, and the project manager, before the resident moves into the building.

Affordability and choice

5 The fifth key component of supportive housing is affordability and choice.

Seniors have many different backgrounds and interests and various levels of health, fitness, incomes and assets. Needs, circumstances and preferences also change as people grow older. These differences combined with the expected high growth in the number of older seniors will most likely result in an increasing demand for a variety of supportive housing choices.

In particular, seniors will likely be seeking options that will enable them to sustain or enhance their independence, options that can support the lifestyle of their choice, and options that they can afford. There are many opportunities to respond to these demands if governments and the housing and support service industries are well informed and prepared to take the necessary action.

Types of choices

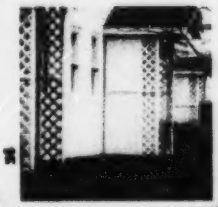
Supportive housing can be developed in many forms depending on the types and level of services to be provided, the project size desired, the types of accommodation preferred, the types of tenure wanted and the types of sponsorship available.

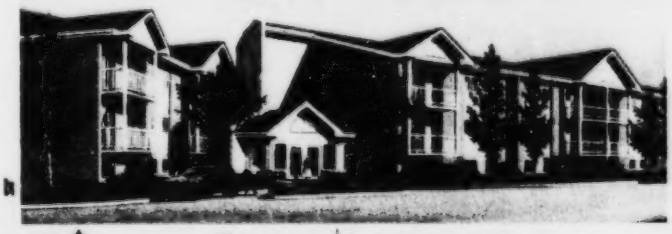
Project size and types of accommodation

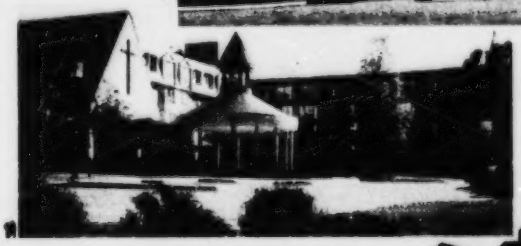
A supportive housing project can be small, such as a large house accommodating eight to 12 people. It can be a medium project, for 30 to 50 people or it can be a large project for 100 or more.

Market surveys have found that seniors who are looking for new housing prefer medium rather than large projects. The trend now is to build projects that accommodate between 30 and 50 people. If you want to offer a support service package, at least 30 dwelling units might be needed for economic feasibility. However, economy-of-scale principle may make it best in the end to increase the number of units from 33 to 46. Once a roof and a mechanical system are in place, it may not cost that much more to add a small number of units to the project.

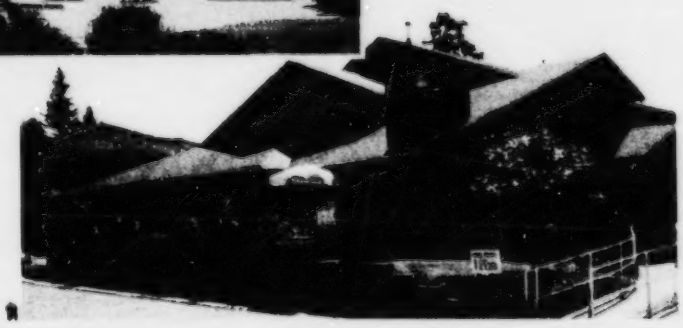
All styles of housing are possible. Supportive housing can be created in large single detached houses, multi-storey apartment







Supportive housing can come in all shapes and sizes

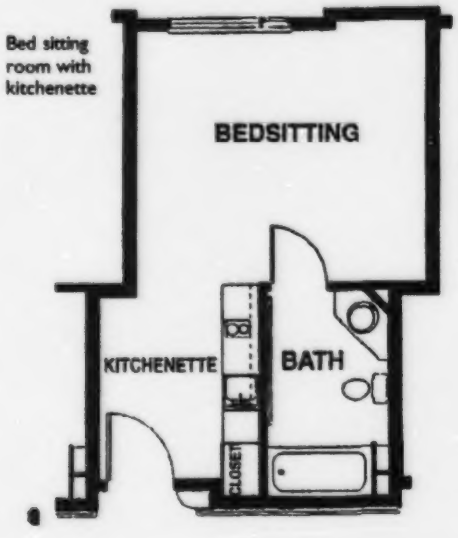


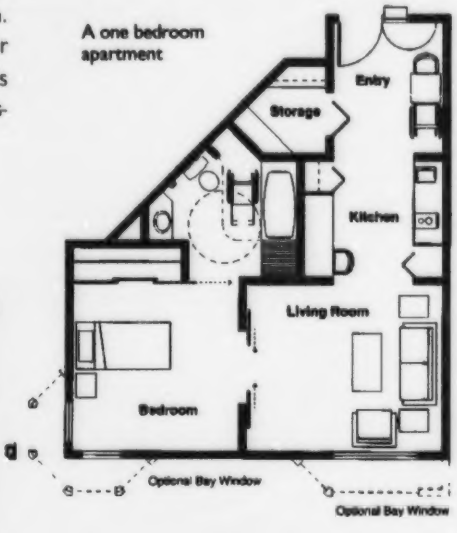
buildings, single storey side by side motel-style units or attached bungalows.

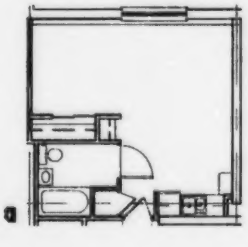
Supportive housing projects can offer a single type of accommodation, such as self-contained apartments with a full bath and kitchen; or a combination of accommodation types, such as mingle suites, studio or bed-sitting rooms with a private bathroom and self-contained apartments with a full bath and kitchen. In many cases, it may be necessary to offer several two-bedroom units in a project. This type of accommodation is becoming increasingly important to meet market demands.

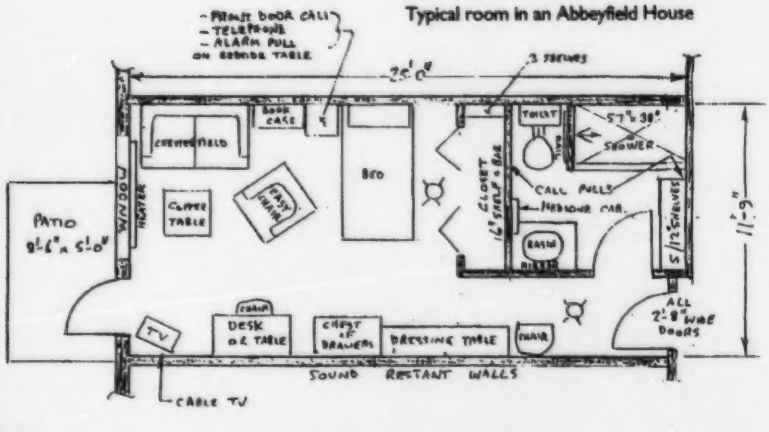
In small projects, residents often have their own studio or bed-sitting room and share a common living room, kitchen and dining room. They can prepare breakfast and snacks in their rooms or in the common kitchen. An on-site housekeeper prepares the two main meals of the day.

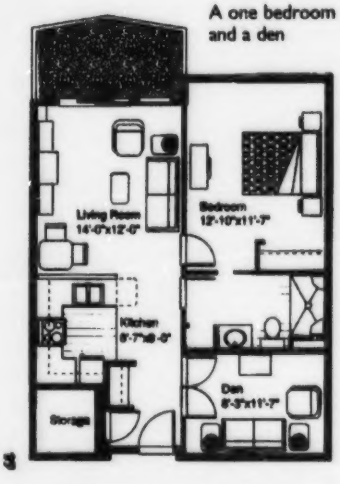
Examples of types of accommodation

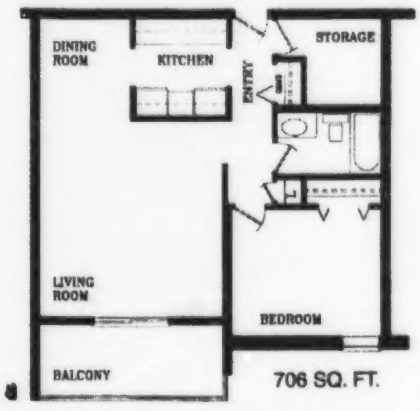


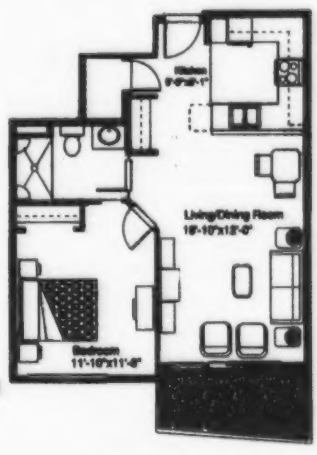




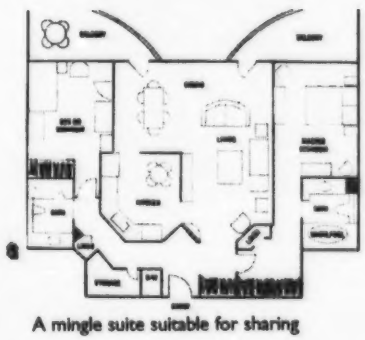




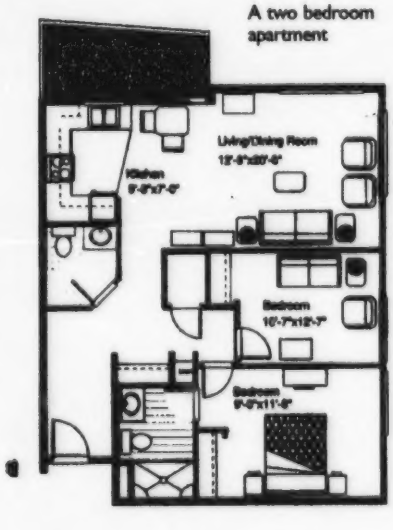




Other examples of one bedroom apartments



A mingle suite suitable for sharing



A two bedroom apartment

Types of sponsorships and forms of tenure

Supportive housing projects can be sponsored or developed individually by the private, not-for-profit or the public sector, or by partnerships between them. Different types of tenure can be offered in supportive housing projects, including rental, condominiums, and life leases. It is also possible to have more than one form of tenure option in a given housing development.[35]

Necessary Actions

The following actions are necessary to make a wide range of supportive housing types available for seniors.

1 Municipalities should introduce innovative changes in planning, zoning and building regulations in order to improve housing Affordability and increase the range of supportive housing options for seniors in their jurisdictions.[36]

2 There should be on going mechanisms in local communities to promote and facilitate information exchange and consultation on seniors' needs and preferences for housing and support services between seniors, the public, and the housing, health and support service industries in the public, not-for-profit and private sectors.

3 There should be ongoing co-operation, co-ordination and partnerships between the housing, health and social service sectors to provide seniors with a choice of the most cost-effective combinations of accommodation and support services. This is particularly important for those seniors who are particularly vulnerable to having to move unnecessarily into long term care institutions, such a nursing home.

4 Seniors should have access to housing and financial options that can enable them to use their own resources, including their equity in their homes, most effectively.

5 The housing and support service industries should be encouraged to produce more affordable supportive housing options for seniors.

6 The housing industry should be encouraged to incorporate the key features of FlexHousing®—accessibility, adaptability and affordability—in all new types of housing they develop so that it can meet the varied and changing needs of the growing number of seniors who wish to age in a place.

PART 2: EXAMPLES OF SUPPORTIVE HOUSING IN CANADA

Part 2 describes the findings of the 10 case studies. It summarizes the tips from sponsors and managers, describes the general characteristics of the residents in the participating projects and shows how the 10 providers included the five key components of supportive housing in their projects.

Success tips from supportive housing sponsors and managers

Here is some advice from supportive housing providers to those planning new projects[37] or wishing to improve existing seniors' housing.

- conduct a community needs assessment survey[38] before you start—this gives you good information to share with various parties as you develop your project and may help to reduce any opposition
- involve potential residents in the planning stages to help avoid design mistakes
- inform neighbours early about your project and invite them to participate in the planning stages—this can avoid neighbourhood opposition later on; invite the community to your opening
- make sure the local health agencies, including doctors in the community, know about your project—this will increase referrals
- dwelling units without full kitchens and private balconies won't sell—even if they are not used much by residents, they are psychologically important (from a private condominium development)
- never underestimate the power of continuous marketing to keep your project fully occupied—don't stop until you go out of business; also, don't be afraid to advertise (from a not-for-profit urban project)

Characteristics of the residents

The following is a summary of the characteristics of the residents living in the 10 projects studied.

- the average age of residents in the ten projects is between 76 and 85, although some residents are over 100 years old.
- most residents are women who live alone—this is not surprising considering that 70 per cent of seniors in Canada aged 85 years or older are women.
- residents come from all income groups—in some projects the majority of residents live on basic government pensions; however, in other projects many have middle or higher incomes and have previously owned their own homes.
- supportive housing addresses a range of health-related needs—in about half of the participating projects, the majority of residents needed help with activities of daily living such as shopping, cooking, laundry, housekeeping, and banking.
- most residents in the 10 projects are mobile, however, many use an assistive device, such as a cane or walker, for increased mobility; in most projects, fewer than five per cent of residents use motorized scooters or wheel chairs.
- few residents in supportive housing have cognitive impairments or dementia.[39]

Embracing the five key components of supportive housing.

The map of Canada shows the location of the 10 examples of supportive housing project described in the following pages.[40]

Sydney Senior Care Home Living Ltd.

New Dawn Enterprise Sydney, N.S.

A grassroots organization transforms a former radar base into a supportive community

"It's like home, I have my own bedroom and furniture. My family doesn't have to worry."—a resident of Sydney Senior Care Home Living Ltd. (Home Living)

Two of the attached bungalows

Managed by New Dawn Enterprises Limited, this unique residential option for seniors offers residents a home environment and family atmosphere with a measure of independence and freedom at an affordable cost. Home Living, at a former radar base, is on the outskirts of Sydney and about 15 minutes walk from downtown. New Dawn refurbished 12 attached bungalow units, each accommodating three seniors on one side and a caregiver and family on the other. The seniors have their own bedrooms which they can furnish themselves or have Home Living furnish. The caregiver has both interior and exterior access to the seniors' unit and is able to keep constant contact through a monitor.

New Dawn Enterprises Limited is a community development corporation with the goal of establishing and operating locally based ventures that contribute to the creation of a self-supporting community. In 1991, after identifying a need for supportive housing, New Dawn established Sydney Senior Care Home Living Limited.

The living-dining room of one of the bungalows

Through Home Living, seniors have the security of 24-hour care, including meal preparation and housekeeping, as well as attention to health and personal needs from a caregiver trained in first aid and CPR, fire and safety, medication and crisis intervention.

Home Living is a not-for-profit supportive housing project. The cost for residents is about $1,500 a month, which included food and shelter, laundry, cleaning and transportation to appointments once a month by the caregiver. Services available to residents at a small additional cost include foot care and hair care.

When asked what she liked best about Home Living, one resident said the "home-like atmosphere." She said she would not change a thing. Another resident moved to Home Living from a nursing home after her doctor had diagnosed her as depressed. ("My son sold everything and placed me in a home") Since moving to Home Living, she reports that she has stopped smoking, her blood pressure is normal, she has lost weight and she doesn't have any stress.

"I love it. I like the caregiver, and I'm not lonesome. I do my own laundry."

When asked how she liked her unit, she said: "It's wonderful. There's one special chair for me."

More and more, Home Living is attracting younger people who have psychiatric disorders and are in need of supportive housing. Consequently, in some of the homes, older and younger residents live together. This has worked well, according to the management, and is mutually supportive for residents. Younger residents learn from the wisdom of their older neighbours and are often motivated by the active lifestyle of their older neighbours.

Two of the residents in the living room of their home

La Maison des Aînés, Montréal

Habitations Les II Volets Inc.

Bringing new life to an urban neighbourhood through many community exchanges

"I like everything from A to Z."—a resident at La Maison des Aînés

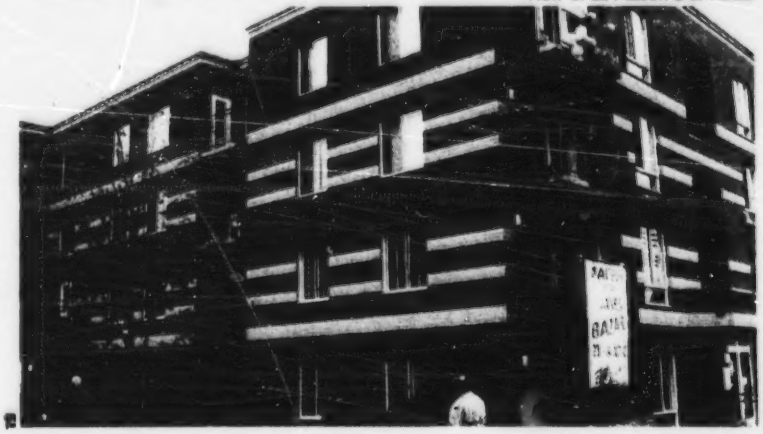
La Maison des Aînés is not just a housing complex. It's a community center open to parishioners and organizations in the area. Residents and staff at La Maison extend a warm, friendly welcome to family members and people in the community. The community is invited to activities such as birthday parties, bingo, casino, holidays celebrations (souper "cabane à sucre", le brunch de Pâques, la St-Jean-Baptiste), and garage sales. At no charge, La Maison offers a common room to community agencies for meetings, celebrations and group activities. The cafeteria is open to those who want to eat a nutritious hot meal and socialize. One resident said, "the meals are delicious." There's a charge of $4 for a meal.

La Maison des Aînés is a non-profit, charitable supportive housing project. Built in 1990, it is in the La Petite Patrie de Montréal residential area. The building was intentionally designed to be compatible with other homes on the street. It is not too large, with 29 bachelor suites and 16 one-bedroom suites. Each suite has a private balcony. One resident said: "I decorate my balcony with a little flower garden in the summer...it's beautiful."

Located only minutes from shopping conveniences (grocery stores, pharmacy, bank, beauty salon, bus terminal and a medical clinic) residents are encouraged to maintain an independent lifestyle.

The common dining room is brightly decorat-

View of La Maison Des Aînés



ed with plenty of space to accommodate 64 people comfortably. The common living room is furnished with chairs, a sofa and a table, and seats 30 people. There is also a library for residents.

Residents' private suites have a fully equipped kitchen, dining/living room, bathroom and a private balcony. The suites are all adaptable for people who use wheelchairs. Design features include adjustable height cupboards, accessible private balconies, common outdoor areas, higher electrical outlets located high enough so that seniors don't have to bend and grab bars in bathrooms. The outdoors are well landscaped, with flowerbeds, gardens and shrubs, a patio and lawn swings. There is a multi-purpose room for residents who want to participate in a variety of games.

In addition to rent, residents pay $145 a month for a service package. The package includes transportation services for residents who are referred by the Centre local de services communautaires (CLSC), 24 hour, on-call maintenance, housekeeping (once a week) and one prepared meal served every day in the common dining room. Residents, the kitchen staff and volunteers create the menu, prepare and serve each meal together. The common kitchen is also available to residents to prepare meals for their social gatherings.

Working with tenant committees and volunteers, the recreational coordinator plans activities for residents. As part of their monthly fee, residents can participate in physical exercises and relaxation, coffee breaks, monthly field trips, bazaars, craft classes, bingo, casino, horse races, card game tournaments, monthly parties, holiday celebrations and more. One resident said: "we're always busy doing something, it's a lot of fun."

La Joie de Vivre

Also included in the monthly fee is a 24-hour security service, which gives residents a peace of mind. An attendant is available 24 hours, 7 days per week. One resident said: "it's a good feeling knowing that someone is always available if you need help."

When asked what she liked best about living at La Maison des Aînés, one resident said: "I like everything...everything about my apartment," and that she has everything she needs. Another resident stated that: "it's like a big family living here," and that staff members are warm and sensitive to residents' needs. "Everyone helps each other even if it means going to the corner store to buy a loaf of bread for someone." As one resident proudly stated: "I love this complex."

Humbervale Place, Etobicoke, Ont.

Humbervale Christian Outreach Foundation Inc.

An on-site agency also serves seniors in the surrounding community

"Meal time is my favourite. I enjoy socializing with my friends. I don't have to eat alone."—a resident at Humbervale Place

One of the best things about Humbervale place, according to residents, is the meal program. Residents make their own breakfast and dinner, but lunch is provided in the dining room for $6 a meal. Meals are made on-site by staff in a fully equipped commercial kitchen. On occasion, special dinners are also served in the dining room.

In addition to having access to a meal service, seniors who live in Humbervale Place can take advantage of other on-site services and programs such as help with personal care and activities of daily living and emergency response. These services are provided through a special partnership between Humbervale Place and an on-site service provider—DCVS Services for Seniors. DCVS is a non-profit agency that delivers care and support services to seniors in Humbervale Place and the surrounding community. Other activities that DCVS provides at no or minimal cost are fun and fitness classes, a hearing clinic, an arthritis clinic, educational seminars, social craft groups and a volunteer transportation service. These programs are possible because the developers built as much common space as they could afford, knowing that someday it would be required.

Social activities and meals make the difference at Humbervale

Humbervale Place was built on church-owned land and provides 108 independent, affordable apartments for seniors in a four-storey apartment building equipped with elevators. Opened in 1995, the building has six bachelor, 89 one-bedroom and 13 two-bedroom suites. Six suites are wheel-chair accessible. All suites have supportive design features, including grab bars in the bathroom.

Front view of Humbervale Place

Rent for about one-third of the suites is market-based, rent for the others is geared-to-income.

When she was asked what she liked best about her apartment at Humbervale Place, one resident said: "the brightness, windows, air conditioning, independence (support bars are great) and it's comfortable."

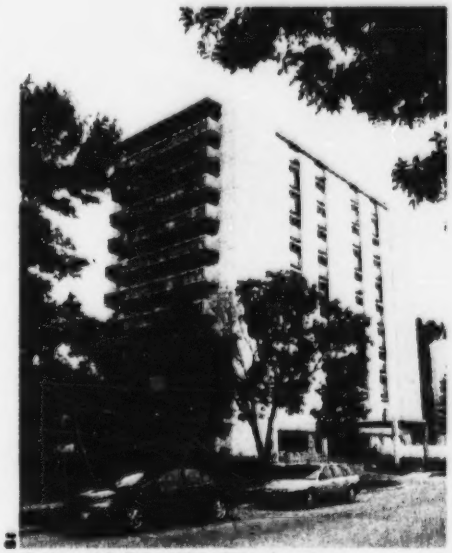
ArlingtonHaus, Winnipeg

Manitoba Housing and Bethania Mennonite Personal Care Home

A unique partnership makes supportive housing possible for seniors with different needs

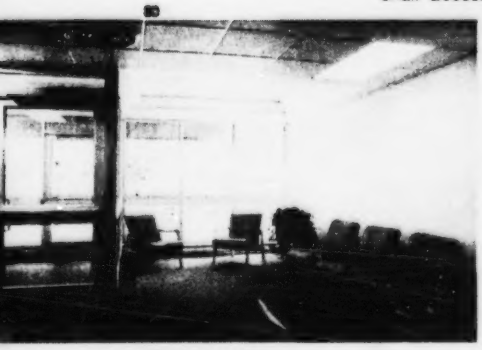
"I like everything about the services..the meal service is there when I want it."—a resident at ArlingtonHaus

Some residents have lived in ArlingtonHaus for more than 20 years. They do not want to move. As one resident put it: "I loved every one of those years." As a result of a partnership between Manitoba Housing and Bethania Mennonite Personal Care Home, residents who live in ArlingtonHaus now have the choice of an array of support services to help them stay in their apartments as long a they wish.



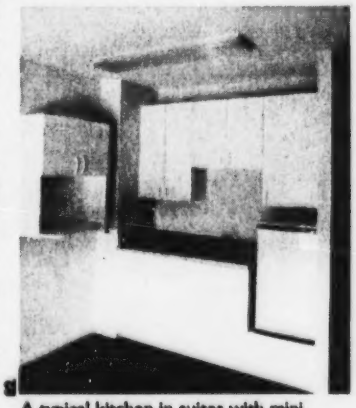
A view of ArlingtonHaus from the street

ArlingtonHaus is a renovated, 11 storey apartment building with 96 studio suites and 20 one-bedroom apartments. The interior common spaces have been modified for wheelchair access. Individual apartments have been adapted with design features such as grab bars in the bathrooms. Some units have been modified to allow the use of wheelchairs. This is done on an "as needs" basis.



The main lobby and lounge

The second floor has nine studio and two one bedroom suites of assisted living for tenants who can and want to live independently, but who no longer wish to be concerned about the routines of daily household maintenance or meal preparation. In addition to rent, assisted living tenants pay $550 a month for a service package. The package includes housekeeping and laundry services and three meals a day, seven days a week in the main floor congregate dining room. At no extra charge, tenants can also take advantage of the recreational opportunities in the building such as the spa tub room, movie nights and exercise classes. There is also counselling available for tenants and their families on issues related to aging.

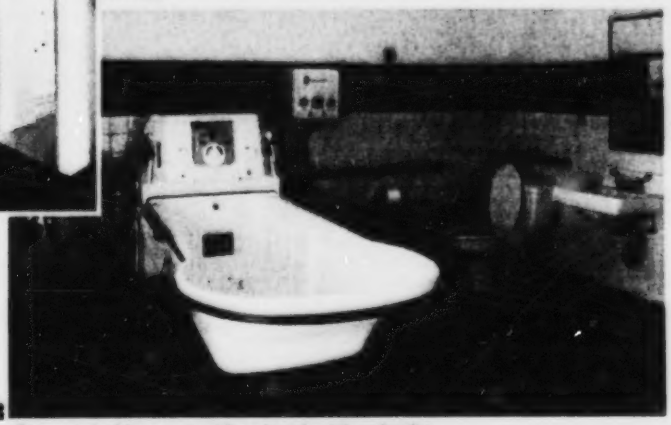


A typical kitchen in suites with mini fridge and microwave shelf located high enough so that people do not have to bend

The third and fourth floors of ArlingtonHaus are reserved for people with early to middle stages of dementia. On these floors, staff is on duty 24 hours a day, and they work to encourage and support daily living activities. Special design consideration has been given to the layout of these floors.[41]

All other tenants live on the upper floors at ArlingtonHaus. They can access the assisted living services on a pay-for-use basis or purchase the full

Bathroom doors swing out for safety and are wide enough for people who use wheelchairs or other assistive devices



Common bathing room with assist tub, sink and toilet

package on a monthly basis. At ArlingtonHaus, staff is available in the building 24 hours a day to provide peace of mind. A tenant resource coordinator offers additional recreational programs and services such as reading assistance, flu clinics, friendly visitors, escorts and shopping.

One of the features most appreciated by residents interviewed at ArlingtonHaus is the extra attention being paid to safety and security. A resident on each floor acts as a monitor. "We have to put a ticket that says Good Morning on the door each night. If it's still there in the morning when she comes, she picks up the ticket and checks to make sure I'm OK."

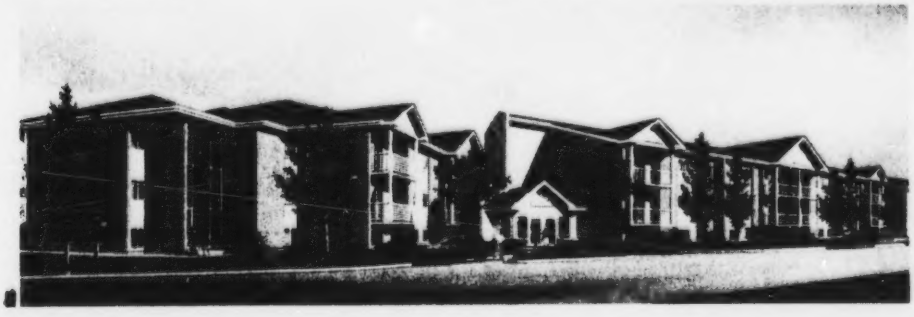
Villa Royal, Saskatoon

Project owners, N.C.O. Holdings Service Providers, Lutheran Sunset Homes of Saskatoon

A public-private partnership in a life lease development results in a supportive setting and brings new life to a familiar neighbourhood

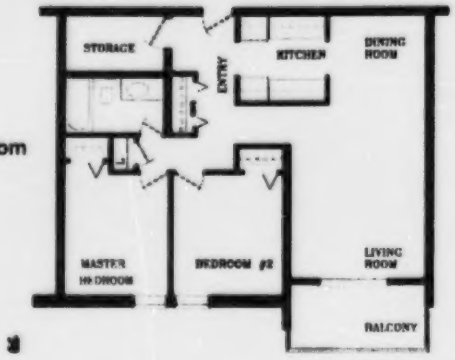
Location is a key factor in the success of Villa Royal. Many of its residents chose Villa Royal because they had lived in the neighbourhood for a long time. Villa Royal offered them an opportunity to remain in a familiar environment in a supportive setting. According to residents, Villa Royal also has "wonderful access to a grocery store, pharmacy, beauty shop, travel agency, bakery, car wash, mini mall, book store, cafe and service station. It's not even a block away."

Villa Royal offers 48 affordable life lease, one- and two-bedroom apartments in the $47,900 to $69,900 price range. The price is considerably below that of another life lease project in Saskatoon. According to the owner, the lower price was possible because the company has owned the building for more than 25 years. The owners converted the building from a market rental building at a cost of about $1 million. One of the best loved features of Villa Royal, according to its residents, are the balconies.



View of the front of Villa Royal

A typical two bedroom apartment



"Going out for fresh air means a lot to me." Residents also appreciate the small, fully equipped kitchen, which has lots of cupboards; and the living-dining room that is spacious enough for family to visit. The brightness of the apartment appeals to residents, particularly those living on the upper stories.

The third level of the building has a common dining room for residents to gather for social occasions, have a meal together or play cards. A part-time resident service coordinator ("she is a very caring young woman") helps residents gain access to services not provided elsewhere in the community.

A major attraction of Villa Royal for residents is the availability of support services. The owner has contracted Lutheran Sunset Homes of Saskatoon, a recognized non-profit care provider, to manage and deliver services. One of the most popular is the evening meal service for all residents on Mondays, Wednesdays and Fridays in the third floor dining room. Other services include a weekly wellness clinic staffed by a nurse and a weekly worship service.

Residents are charged a monthly fee of $140 to pay for the services of Sunset Lutheran Home. The dinner service is optional at $97 a month or $6.25 a meal. Based on the size of their apartment, residents also a pay a monthly fee to cover taxes, maintenance and the upkeep of common areas.

The support services are housed in a new building that connects the formerly separate halves of Villa Royal. In addition to a kitchen, dining room and space for support services, the link building contains the elevators.

Churchview Lodge, Naicam, Saskatchewan

Saskatchewan Housing Authority, Saskatchewan Assisted Living Services

Supportive housing in a rural community benefits all seniors

"It's the best place in Naicam"—a resident at Churchview Lodge

Churchview Lodge is a 29-unit Social Housing project managed by the Naicam Housing Authority and funded by the federal, provincial and municipal governments. It is located in the residential section of the Town of Naicam, a small, rural community with a population of about 800 people. Naicam is 50 km from the nearest centre providing health services.

Each of the 29 apartments is self contained, with a private bathroom, living room, kitchen, and bedroom. Each apartment also has two doors—one to the outside, which gives residents a sense of privacy, and one that opens to the hallway leading to the common areas.

Access to the building is through a security-controlled main door. Tenants pay 25 per cent of their income for rent, which includes heat, water and maintenance. Tenants pay extra for any other services. Acceptance is based on need, with priority given to individuals with low incomes. Health and social needs are also considered.

The project, built in 1980, began with very few services as the tenants were younger and more active. Gradually services have been introduced, and adaptations made to individual suites as the

View of Churchview Lodge

tenants aged-in-place. Churchview Lodge is close to the town's services and a senior's activity centre. Many of the tenants find it difficult to get out due to mobility problems. With the average age of the tenants being 84 years, the community has taken the initiative to bring a number of volunteer services into the lodge. As in many small rural towns in Canada, government agencies, local groups and individuals come together and co-ordinate their strengths to provide support. In return, the community benefits from the many outreach services made possible because of these partnerships.

Churchview Lodge has a number of well-used amenities. They include a multi-purpose lounge for dining, birthday celebrations, meetings, exercise programs, crafts and family gatherings. The room contains a treadmill and an exercise bike designed for seniors, small library area, television-VCR, and piano. Most were donated by community groups or purchased through the fund-raising by the Churchview Lodge Tenant Association.

Other indoor amenity spaces include a laundry room, wheelchair-accessible public washrooms and hair salon. Churchview Lodge will soon renovate an area for a tub room providing tenants with the opportunity to enjoy a hydrotherapy bath with the convenience of a walk-in, sit-down tub. Kitchen facilities include a fully equipped area for the tenants along one wall of the main lounge, and a community kitchen where meals are prepared for the tenants and the Meals-On-Wheels program for individuals living in the community. The community kitchen is the result of a need identified by the community, the space being provided by the Naicam Housing Authority by converting a one-bedroom suite, the health district approving the plans and the community providing the funds.

There is a very positive working relationship between the health and housing systems. Home care services are provided on an assessed-need basis, as they would be for any other individual living in the community. The Guardian Angel Program started as a health pilot particularly targeted to rural communities such as Naicam where additional home-based services were needed.

Young people from the schools are linked with seniors to assist with odd jobs, visits or to entertain. There is a volunteer co-ordinator on-site who has developed a number of programs which help people in Churchview Lodge as well as the community with such things as transportation, housekeeping, yard care, recreation activities, banking and shopping. The co-ordinator matches those who need the service with

Meals on Wheels

people in the community who can provide the service. There may be a small fee depending on the type of service.

When the coordinator arranges for educational events and speakers, such as safety and security workshops by the local RCMP, seniors in the community are invited to attend with the Churchview tenants. Additional services such as

Seniors in their home

help with housekeeping, laundry, and assisting with their tenant association activities are being considered through the Saskatchewan Assisted Living Services (SALS), a program recently introduced by the provincial government.

Tenants mentioned how much they appreciated the modifications made to each apartment to make it easier—things like "lots of well-placed plug-ins," safety grab bars in the tub and toilet area, lazy susans in the lower corner cupboards of the kitchen and improved lighting in the eating area. Some apartments have been modified to accommodate the needs of seniors using a wheelchair, and to include sliding shelves and drawers in the kitchen and a modified sit down shower unit.

The residents at Churchview Lodge love the fact that they can go from their own apartments to the open green space. There are benches for resting around the development. Residents have their own space to plant and care for a garden or flowers and they are close enough to downtown to walk.

Another well-appreciated service, according to the residents, is the personal alert phone system. The Housing Authority provides the equipment, and the tenants are responsible for arranging the primary response contacts. There is a $10-a-month fee for the 24-hour answering service.

Living close to others offers security and opportunities for socialization, yet individual suites allow for independence and privacy. All support services in Churchview Lodge promote an independent environment by encouraging tenants to continue to perform their daily tasks to the best of their ability. Tenants have the option of choosing the support services they want and pay only for the services they choose. The community of Naicam is taking a particular interest in promoting the physical, mental and emotional well-being of its seniors by improving their quality of life with supportive services.

Living-dining area in one of the apartments

Wedman House, Edmonton

The Good Samaritan Society

Using the assisted living model to provide a caring and supportive environment and offer a residential setting in a caring environment

"I don't think I could have done better. The people are very nice."—a resident at Wedman House

One of the Wedman House residents interviewed was 92 years old when she moved to her new apartment at Wedman House. She has been living there for two years and feels lucky to have found Wedman House. When her doctor advised her to move for health reasons (she had broken her vertebrae, had knee problems, was legally blind and living alone) she thought a room in a nursing home would be her only choice. Instead, she has a bright studio apartment with a fully equipped kitchenette and her own furniture. To make life easier, she has chosen the optional meal plan. "There are three wonderful cooks. Their meals are just delicious. I put on about 15 pounds—and I don't like it."

Wedman House is in a beautiful residential neighbourhood, according to residents, and is within walking distance to a convenience store, restaurant, bank, hair salon, dry cleaner, fast food restaurant and coffee shop. It is a single storey development with 30 studio apartments.

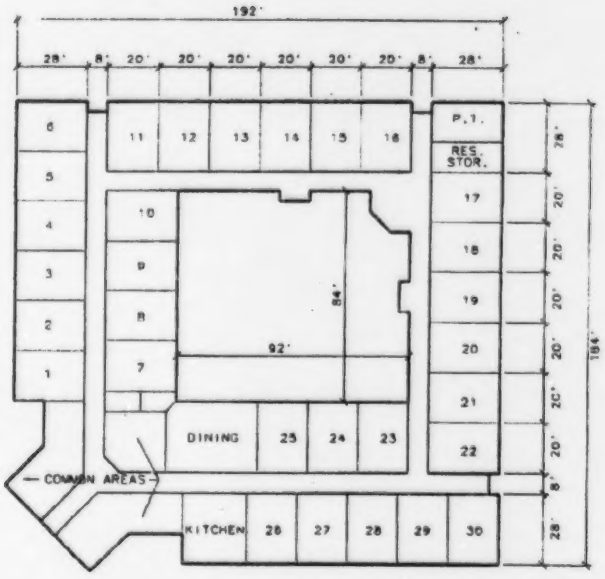
View of the dining room

The apartments and common areas are designed for people who use wheelchairs. The building's access to an enclosed courtyard permits and encourages residents to freely and privately enjoy the outdoors. Residents appreciate the many trees and flowers in the garden area. "We like to watch the birds."

By following the Oregon Model of Assisted Living,[43] Wedman House is able to offer a residential option for seniors who may need 24 hour care. Wedman House has a complement of multi-skilled staff on-site, including specially trained assisted living workers who help residents with personal care, laundry, housekeeping, meals and are responsible for cleaning the common areas. A half-time registered nurse is responsible for

View of interior courtyard

A typical residential suite



The site plan for Wedman House

monitoring and assessing health and for liaising with family doctors. A therapy aide trains volunteers and co-ordinates recreation activities. The cook prepares and designs menus according to the preferences of the tenants. In addition to her clerical duties, a receptionist helps serve breakfast and assists tenants as necessary. Residents have a choice of services. They order only what they need. The basic accommodation fee includes the evening meal, housekeeping, basic laundry and personal response system. For an additional $30 a month, a tenant can order breakfast and lunch. A full laundry service is another $30 a month.

Tenant fees cover about one-third of the cost for services. The Regional Health Authority pays the remaining two-thirds. To live at Wedman House, residents must qualify for nursing home care in Alberta.

Laurier House, Edmonton

The Capital Care Group

A new concept combining health and personal care services with life lease ownership in a unique continuing care residential setting

One couple, both in their late 60s, chose Laurier House because the husband had a progressive disease and could no longer care for himself. His wife has very bad arthritis and is unable to help. Laurier House enables them to continue to live together, and each is now able to enjoy their favourite activities. They take advantage of the full-meal service in the common dining room and have daily assistance in their apartment with housekeeping and personal care. They pay about $1,500 a month for support services and their share of operating costs, including long-term maintenance.

Laurier House is a new life lease project. It combines health and personal care with housing designed for people who enjoy their independence but who can no longer meet all of their own needs and qualify for nursing home care in Alberta.

The main dining room

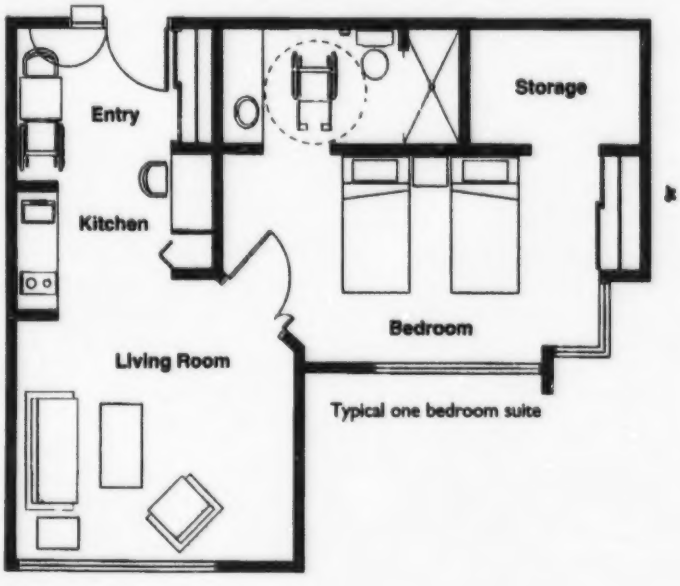
It is a 78-suite project, built in two phases, with 10 studio, 41 one bedroom and 27 two bedroom units. Laurier House combines the best features of a comfortable classically styled

View of Laurier House

new home with the peace of mind that comes with knowing assistance is there when you need it. The cost of the lease for the suites ranges from $90,000 to $136,000 depending on size and location in the complex. At the beginning of the lease, residents make a capital payment based on the size of their suite. This amount is returned (less any money owing and without interest according to the terms of the life lease agreement) when the suite is vacated. In addition, residents arrange a monthly payment to cover operating costs and the domestic and food services they select. This monthly fee can be renegotiated if needs change. Alberta Health funds the health services residents require.

All of the suites, both ground and upper level, are wheelchair accessible and have a state of the art staff call system. Each suite has a kitchenette with under-counter fridge, countertop stove and microwave to prepare light meals and snacks, and a modern wheelchair-accessible bathroom.

Laurier House has a team of caregivers, professional nurses and rehabilitation staff who work with residents and their families to create a service plan that meets the individual needs of residents and maintain their independence. Residents can continue to see their own doctor or specialist or choose a doctor on call at Laurier House. Staff is available 24 hours a day to provide assistance with personal care services, such as bathing, toileting, dressing, nail and foot care, continence management, assistance with feeding and nutrition and medication administration.



Typical one bedroom suite

Abbeyfield House, Tsawwassen, B.C.

Abbeyfield House, St. David's

A family atmosphere where live-in help makes the difference: a residential setting with shared support

"When the time comes, that's the place I want to be"—comment from a resident when she first saw Tsawwassen House before she moved in.

What appeals to residents about this supportive housing project is the family atmosphere. "I didn't want to live with my son and be a burden. Here I feel like I have a family and still live at home."

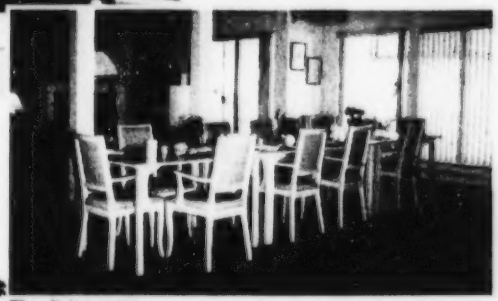
This comment is typical of the way most residents in Tsawwassen House feel. Eighteen residents and three service co-ordinators live in two, detached side-by-side, nine-bedroom two-story homes. There is a guest room on the second floor of one home for overnight visitors.

The homes are surrounded by a lush garden. "When I look out my window, and when the sun is out, it's beautiful" one resident says about the garden area. There are outside patio areas with umbrella tables and chairs. Twice a month, residents from both homes enjoy getting together in the patio areas for "happy hour."

Residents have their own private bed sitting room on the main floor of each home. Each bedroom has an attached bathroom with a toilet and sink. In one of the two houses, residents have a full bathroom with a shower attached to their bed-sitting room. In the other home, residents share a large shower and bathroom. There is a large comfortable common dining area and living room in each house. One of the most loved features of the home, according to the residents is "having a door from your room to the hall (which leads to the dining/living room), as well as a door to the outside garden area."

Both homes have design features to help residents with their day-to-day activities. For instance, all door handles and taps are "easy grip" design. There are support bars beside the toilet and in the bath and showers. If a resident wants emergency help, there is an alarm buzzer in each private suite which alerts the house service co-ordinator. Quite a few of the residents use walkers

The exterior of St. David's Abbeyfield House



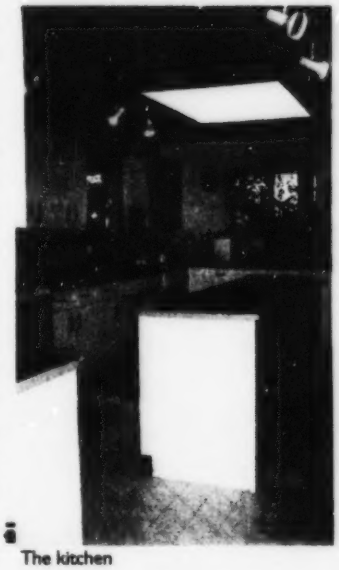
The dining room

The living room

and appreciate the larger rooms, wide hallways and paved walking paths in the garden area and front entrance

The house service co-ordinator lives on the second floor of one home. She, (there are actually three coordinators who work in shifts), is responsible for the preparation of lunch and dinner, (residents make their own breakfast in the kitchen at any time they want) keeping the common areas tidy and grocery shopping. The co-ordinator also helps residents arrange outings and social activities when residents request the help. Residents often get together for recreation including ferry trips to Vancouver Island, picnics and field trips.

Residents pay about $1,300 a month to live at Tsawwassen House. The monthly fee includes the services provided by the co-ordinator. Some residents also have a homemaker who helps with housekeeping and personal care. They pay for this separately.



The kitchen

The Camelot, Care-a-Minium, Victoria, B.C.

Birch Projects Ltd.

A comdominium developer shows how supportive housing can be created by the private sector

"This is the life—I never thought I could live so well."

When asked what she liked best about living at The Camelot, one resident said: "I like mingling with other people at dinner. Where I was living before, I was isolated. I like to socialize." Another resident said he "liked the companionship with other residents" when they go to the dining room for their evening meal. Residents also mentioned the brightness of the suites and how much they liked the large windows and open plan concept of the kitchen, dining and living room areas.

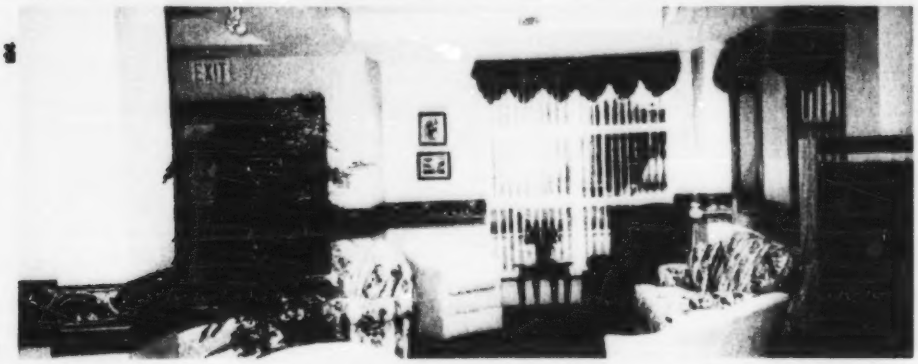
Located in James Bay, The Camelot gives its

View of The Camelot

residents the benefit of living in a warm, supportive community in a home they own, designed with their comfort and needs in mind. Just one year old, The Camelot has 34 condominium units—15 two bedroom, nine one bedroom, six one bedroom and a den, and four penthouses—larger suites with a few extra amenities.

The Library with fire place

There is also a guest suite in the building, a commercial kitchen, communal dining room, a library and an office. The units range in price from $129,900 to $179,900 depending on size and location in the building. The penthouses range from $209,900 to $229,900. Residents also pay monthly strata (condominium) fees, ranging from $62.83 to $136.13 for property management, building maintenance and related services.



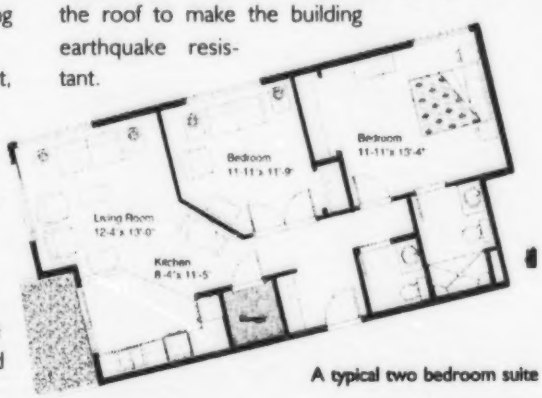
A sitting area

When asked why they chose The Camelot, residents said they were attracted by the familiar location —within walking distance of shops and the harbour, the meals and housekeeping services and the security of living in a safe building.

For a monthly fee of $830 for one person, and $410 for each additional person, residents get 24-hour security (using a lifeline personal response system), referral and support services, a daily dinner served in the dining room, weekly housekeeping in their suites, weekly linen and towel service, laundry and social programming. If residents need additional services, they are available on a fee basis. These services include personal care, repairperson services, shopping assistance, transportation, additional meals, and parking.

There are many thoughtful design features in the private suites and common areas. Residents appreciate the extra-wide hallways which easily accommodate walkers and scooters, the automatic opening front door and the motion sensitive elevator door with chimes. In the private suites there are wide-angle peep holes in the entrance doors, lever handles, easy-to-reach cabinets in the kitchen, raised electrical outlets to reduce stooping and a sit-down shower. Residents with a hearing impairment can have a strobe-light alarm installed in their suite.

One resident commented he felt extra safe because the building was "earthquake proof." This is a concern for people living on the West Coast. Heavy steel rods were embedded in the foundation of the building and then brought up through the walls and to the top of the roof to make the building earthquake resistant.



A typical two bedroom suite

APPENDIX A

Other examples of supportive housing in Canada

Atlantic region

Northwood Centre Inc.
Halifax, N. S.
Telephone: 902 454-8311

A large, multi-level care development. Tenants include persons with dementia.

Cranbury Court
Dartmouth, N. S.
Telephone: 902 434-6953

Apartment townhouses for persons of all ages on low income

Québec

Residence du Phare Inc.
Gaspe, Que.
Telephone: 418 892-5261

Small project for nine seniors ,with eight self-contained single suites and one double.

Habitation Communitaire Grande Maison Beaulac
Beaulac, Que.
Telephone: 819 879-5783

Small project, with 10 self-contained, one bedroom apartments.

Foster Care in Public Housing
Office municipal d'habitation
Mont-Saint-Hilaire, Que.
Telephone: 450 464-3696

Seniors in 143 units in a larger complex are part of the foster family program. Each foster family is comprised of one couple providing services to nine residents.

Hébergement Nouveau Horizons
Magdalen Islands, Que.
Telephone: 418 969-2955

Twenty rooms in a hotel for seniors. Includes services.

Ontario

Momiji
Toronto, Ont.
Telephone: 416 261-6683

Independent apartments with services for Japanese community seniors.

Storefront Humber Inc
Toronto, Ont.
Telephone: 416 259-4207

Two hundred apartments for seniors and persons with disabilities on low income

APPENDIX A
OTHER EXAMPLES

OWN (Older Women's Network Cooperative)
Toronto, Ont.
Telephone: 416 533-9586

A nine-story, 142-unit cooperative for women of all ages.

Jean Dudly House
Toronto, Ont.
Telephone: 416 691-7407

Seniors Link, a private, non-profit agency, has converted two townhouses into supportive housing for 10 seniors.

Elmridge Group Living Residence
Toronto, Ont.
Telephone: 416 785-2500

Group home for 14 Jewish seniors, developed by Baycrest Centre for Geriatric Care

Preston School Apartments
Cambridge, Ont.
Telephone: 519 653-5719

A retrofit, operated by Fairview Mennonite Home Inc. Has 49 self-contained apartments for seniors.

Fenelon Falls Independent Living Centre
Fenelon Falls, Ont.
Telephone: 705 887-1122

A rural housing project for seniors, where the manager facilitates residents' access to required community services.

Sterling Place
Ottawa, Ont.
Telephone: 613 829-6572

Privately-operated, modern seniors residence, a retrofit of a for mer motel including the incorporation of a historical family home for communal spaces, such as dining and recreational activities.

Supportive Care Apartments
Deep River, Ont.
Telephone: 613 584-1900

A rural project with 10 self-contained apartments (mainly one-bedroom) as part of a non-profit development that also includes 21 long-term care suites.

Manitoba

Rimmer House (The Lions Club of Winnipeg Housing Centres)
Winnipeg, Man.
Telephone: 204 784-1255

Adaptive re-use of one floor in an established seniors apartments building for seniors with early to middle stage Alzheimer Disease and other memory disorders.

Heritage House (developed by Fred Douglas Society)
Winnipeg, Man.
Telephone: 204 947-3044 (Winnipeg YMCA)

Located on the top floors of the historic YM-YWCA building downtown Winnipeg. (Under construction in late 1999.)

Ross House
Selkirk, Man.
Telephone: 204 482-7268

Small, for-profit, shared living project for seniors in rural community.

The Stoney Plains Terrace
Beausejour, Man.
Telephone: 204 268-1029

Small, multi-level, continuing care community in rural community.

Saskatchewan

Luther Heights
Saskatoon, Sask.
Telephone: 306 664-0374

Large, 120 life lease apartments style condo units with an adult day care centre attached.

Bethany Manor
Saskatoon, Sask.
Telephone: 306 242-9019

Larger development combining subsidized independent living units, life-lease apartments and assisted living suites—includes townhouses and apartments

Marion Residence
Saskatoon, Sask.
Telephone: 306 373-7011

Larger development for seniors and persons with disabilities on low income.

Regina Village
Regina, Sask.
Telephone: 306 757-5646

Two blocks of subsidized apartments, one and two bedroom, totaling 65 units, with life-lease units on the same property

Alberta

Southside Manor
Edmonton, Alta.
Telephone: 403-447-3840

Includes 85 apartments—74 rental and the remaining life-lease

McQueen Lodge
Edmonton, Alta.
Telephone: 403- 447-9201

Sponsored by a partnership involving all three levels of government, a large, new modern building offering 120 single and double occupancy rooms replaced three, 35-year old senior citizen lodges.

Wentworth Manor
Calgary, Alta.
Telephone: 403-242-5503

Larger project for seniors using the assisted living model.

British Columbia

Dania Society
Burnaby, B.C.
Telephone: 604-299-2414

Larger project with a tenure and income mix.

New Vista
Vancouver, B.C.
Telephone: 604-525-3288

Large, multi-level care building with two highrise and three lowrise apartment units serving a intergenerational and multi-cultural community of residents.

Kincourt North
Tsawwassen, B.C.
Telephone: 604-943-0737

Large—216 subsidized apartment units adjacent to care facility and recreation centre. Sponsored by the Kinsmen Retirement Association.

APPENDIX A
OTHER EXAMPLES

Seton Villa
Burnaby, B.C.
Telephone: 604-291-0607

Combination of different types of units including self-contained bachelors and one bedroom suites as well as single and double bachelor suites for seniors who wish to have all meals in dining room or require assistance with personal care and housekeeping

Hollyburn House
West Vancouver, B.C.
Telephone: 604-922-7616

Private development with one and two bedroom units offering diferent types of accommodation, including congregate living and long-term care.

Lakeshore Place
Kelowna, B.C.
Telephone: 250-860-3223

Private, for-profit residential development with 75, one and two bedroom suites. Long term care to be offered in next phase.

Wishs Co-op
Vancouver, B.C.
Telephone: 613-732-6296

Co-operative for younger and older women built as an infill on leased land.

Cedar Hill Court
Saanich, B.C.
Telephone: 250-477-1167

A 42-unit seniors life-lease project sponsored by the Luther Court Society.

APPENDIX B

Definitions of supportive housing

Canada

Alberta

Alberta Health and Wellness recently commissioned a long term review to look into the types of policies and strategies that could enable the health care system to respond to the implications of the aging of the population. A report on this initiative was expected in November, 1999. It was to include a definition of supportive housing for seniors,

British Columbia

Supportive housing in British Columbia combines building features and personal services to enable people to remain living in the community as long as they are able and choose to do so. It is housing with a combination of support services, including, at a minimum:

- a private space with a lockable door
- a safe and barrier-free environment
- monitoring and emergency response
- at least one meal a day available
- housekeeping, laundry and recreational opportunities available.

Nursing and other health-related services are delivered by the local health authority by special arrangement or as they would be to any other individuals living independently in the community.

Manitoba

Supportive housing in Manitoba provides personal support services and essential homemaking in permanent, grouped, community residential settings, for frail and/or cognitively impaired elderly persons; persons with physical disabilities or other chronic conditions requiring extensive long term care, when their service requirements justify the need for the availability of 24 hour on site assistance.

Nova Scotia

In Nova Scotia, enriched housing is one example of supportive housing for seniors. It combines independent, rent-geared-to income apartments with professionally delivered on-site support services (such as meals, housekeeping, laundry, nursing, personal care and medication). The goal is to prevent unnecessary institutionalization and keep seniors independent for as long as possible.

Ontario

Supportive housing in Ontario is social housing where the housing provider either directly delivers essential support services to tenants with special needs or has an agreement with a support service delivery agency to allow the provision of essential support services to special needs tenants within their project. Essential support services are provincially or municipally funded services that a person must have to remain independent in the community.

Québec

Supportive housing for seniors is collective housing which combines one or more types of dwelling units, such as self-contained apartments, bed sitting rooms or bedrooms and a range of support services designed to maintain seniors' autonomy such as meals, security, and recreational and social services. The dwelling units are the homes of the seniors who occupy them.

Saskatchewan

A residential option for older persons who do not need the services of a health care facility, yet need some assistance to remain independent. The residential option may be referred to as "assisted living" or "retirement living" projects.
Accommodation is usually independent suites which may or may not have full kitchens, and a range of motel-type services —such as housekeeping, laundry, meals, a personal response system, and the co-ordination of scheduled needs e.g. transportation, medical appointments, social and recreational activities. The range and payment of services varies. Health services are accessible on an assessed need basis through the health system.
Assisted living projects in Saskatchewan do not offer 24-hour supervision or personal care.

United States

Assisted Living Facilities Association of America

Assisted living is a special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help with activities of daily living and instrumental activities of daily living. Supportive services are available 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum dignity and independence for each resident and involves the resident's family, neighbours and friends.[44]

APPENDIX C

Photo credits

Canada Mortgage and Housing Corporation thanks the following individuals, organizations and project sponsors for the use of their photographs and floor plans in this publication.

Abbeyfield House, St. David's Society, Tsawwassen, B.C., 7, 13, 14, 28, 40, 41, 59, 61, 98, 99, 100, 101

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Humbervale Place, Etobicoke, Ontario, 36, 43, 44, 45, 46, 47, 58, 77, 78, 79

La Maison des Aînés, Montréal, 5, 12, 20, 35, 37, 39, 48, 50, 51, 52, 73, 74, 75, 76

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Villa Royal, Saskatoon, 57, 65, 85, 86

Wedman House, Edmonton, 27, 56, 60, 91, 92, 93, 94

END NOTES

1. According to David K. Foot in *Boom, Bust & Echo 2000: Profiting From The Demographic Shift In The New Millennium*. Toronto: Macfarlane Walter & Ross, 1998.

2. According to *Population Projections for Canada, Provinces and Territories, 1993-2016*. Catalogue 91-520 Occasional. Population Projection Section, Demography Division, Statistics Canada, 1994. Projection No.2, pages 158 and 191.

3. According to the Demography Division of Statistics Canada, July 14, 1997.

4. According to the *Statistical Report on the Health of Canadians, 1999. Part B, Health Status, Total Life Expectancy*, page 323. By Health Canada, Statistics Canada and the Canadian Institute for Health Information under the auspices of the Federal, Provincial and Territorial Advisory Committee on Population Health (ACPH), Cat no. H39-467/1999E.

5. According to Statistics Canada's 1986-1987 and 1991-1992 Health and Activity Limitation Surveys.

6. Statistics Canada. *Profile of Canada's Seniors*. Catalogue No. 96-312E, Tables 8.2 and 8.3. p.62, and Table A3.1, p87.

7. *A Portrait of Seniors in Canada*, second edition, by Statistics Canada. Catalogue no. 89-519-XPE.

8. According to the *1991 Canadian Study of Health and Aging*, nearly 253,000 Canadians suffer from dementia, and current projections estimate that this number will triple by the year 2031.

9. According to the 1996 Census by Statistics Canada, 58.6 per cent of all women - those 15 years of age or older - participate in the labour force. This percentage increases to 80 for those 45-49.

10. *Canada's Population: Charting into the 21st Century*. By Tina Chui, in Canadian Social Trends, Autumn 1996. Statistics Canada. Catalogue no. 11-08-XPE.

11. Custom tables obtained from Statistics Canada's 1996 Census by the Market Analysis Centre at Canada Mortgage and Housing Corporation.

12. *Living Arrangements of Canada's Older Elderly Population*. Canadian Social Trends by Statistics Canada, Autumn 1988.

13. According to Statistics Canada, this means that they have any type of long-term physical or mental condition, health problem, disability or handicap which has lasted, or is expected to last, for six months or more.

14. Custom tables obtained from Statistics Canada's 1996 Census by the Market Analysis Centre at Canada Mortgage and Housing Corporation.

15. Custom tables obtained from Statistics Canada's 1996 Census by the Market Analysis Centre at Canada Mortgage and Housing Corporation.

16. According to *Seniors: A diverse group aging well*, an article by Colin Lindsay in Canadian Social Trends, Spring 1999, by Statistics Canada. Catalogue no. 11-088.

17. According to *Seniors: A diverse group aging well*, an article by Colin Lindsay in Canadian Social Trends, Spring 1999, page 25. Statistics Canada -Catalogue No.11008.

18. Poverty Profile 1995. A report by the National Council of Welfare. Spring 1997. Minister of Supply and Services Canada.

19. Custom tables obtained from Statistics Canada's 1996 Census by the Market Analysis Centre at Canada Mortgage and Housing Corporation.

20. Custom tables obtained from Statistics Canada's 1996 Census by the Market Analysis Centre at Canada Mortgage and Housing Corporation.

21. Custom tables obtained from Statistics Canada's 1996 Census by the Market Analysis Centre at Canada Mortgage and Housing Corporation.

22. The concept of assisted living originated in the United States. Although many states, insurance companies and associations have developed their own definitions of assisted living, there is no standard definition that could be used nationally in the United States. However, the definition adopted by the Assistive Living Facilities Association of America is presented in Appendix B. This definition presents an approach which encompasses most of the primary components of assisted living. Source: the 1995 *Guide to Assistive Living and State Policy*, prepared by Robert L. Mollica, Keren Brown Wilson, Barbara S. Ryther and Heather Johnson Lamarche, and published by the National LTC Resource Center at the University of Minnesota and the National Academy for Health Policy
In Canada, assistive living is considered to be one step above most other forms of supportive housing and one step below a nursing home. It is the type of option that allows people to age in place with little or no worry. An important aspect that distinguishes assisted living from other forms of supportive housing is that in assisted living the housing providers are also the care providers and as such they assume the risks and responsibilities associated with their role. In most other forms of supportive housing, the residents are responsible for their own risks.

23. Data from the United States suggests that as many as 25 to 30 per cent of nursing home residents have few daily living impairments and could be cared for in a residential setting. Source: page 46, 1995 *Guide to Assistive Living and State Policy*, prepared by Robert L. Mollica, Karen Brown Wilson, Barbara S. Ryther and Heather Johnson Lamarche, and published by the National LTC Resource Centre at the University of Minnesota and the National Academy for Health Policy.

24. Detailed information on personal response services can be found in *Safe at Home: A Guide to Personal Response Services*. Canada Mortgage and Housing Corporation, Cat. No. NH15-106/1995E, NHA 6837.

25. To find out how seniors themselves can protect their homes against burglary you may want to consult the publication *How to Lock out Crime: Protecting Your Home Against Burglary*, NHA 6923, 1996, developed jointly by Canada Mortgage and Housing Corporation and the Royal Canadian Mounted Police.

26. *The Economic Burden of Unintentional Injury in Canada*, by D. E. Angus et al.,SMARTRISK, 1998.

27. Additional information about ways of increasing safety in seniors' homes is in *Bruno and Alice: A Love Story in Twelve Parts* about seniors and safety, by Health Canada, Minister of Public Works and Government Services Canada, 1999, Catalogue H88-25-1999E; and in a number of publications by Canada Mortgage and Housing Corporation, including *Maintaining Seniors' Independence: A Guide to Home Adaptations*, NHA 6165, 1989, and *Maintaining Seniors' Independence through Home Adaptations, A Self-Assessment Guide*, NHA 6732, 1989.

28. More ideas on flexible and adaptable designs can be found in *FlexHousing: Homes that Adapt to Life's Changes* by Canada Mortgage and Housing Corporation, Cat. No. NH15-202/1999E, 1999.

29. Additional information about how to design healthy homes can be found in *Healthy Housing: A Guide to a Sustainable Future*, 1993, NHA 6725; *Healthy Housing: Practical Tips*, 1997, NHA 6736; and *Healthy Housing Renovation Planner*, Cat. No. NH15-271/1998E, NHA 2172, all by Canada Mortgage and Housing Corporation.

30. More information about support services can be found in *Housing for Older Canadians*, Chapter 7: Services and Amenities by Canada Mortgage and Housing Corporation, Cat. No.NH15-295/1999E, NHA 2184.

31. For additional information on this topic, see Chapter 10, Management- in *Housing for Older Canadians*, a publication by Canada Mortgage and Housing Corporation, Cat. No. NH15-295/1999E, NHA 2184.

32. As an example, Washington state provides a negotiated risk agreement in assisted living projects that is developed as a joint effort between the resident, family members (when appropriate), the case manager and project staff.
The document specifies that the agreement's purpose is to "define the services that will be provided to the resident with consideration for preferences of the resident as to how services are to be delivered." The agreement lists needs and preferences for a range of services and specific areas of activity under each service. A separate form is provided to document amendments to the original agreement. Signature space is provided for the resident, family member, project staff and case manager.
If assistance with bathing is needed, for example, the process allows the resident to determine and choose how often, what assistance will be provided and when it will be provided. It allows residents to preserve traditional patterns for eating and preparing meals and engaging in social activities.
The negotiated service agreement operationalizes a philosophy that stresses consumer choice, autonomy and independence over a project's determined regimen that includes fixed schedules of activities and tasks that might be more convenient for staff and management of an efficient "project." It places residents ahead of the staff and administrators and helps turn a "project" into a home. The process allows the participants to identify a need and determine with what task the residents themselves wish to receive help.
For example, if residents have difficulty bathing, they may prefer to undress and get into the tub and bathe themselves even though the staff member and perhaps family members feel the residents may place themselves at risk of falling. The risk is expressed but the final decision to bathe rests with the resident.
Source: page 60 of the 1995 *Guide to Assistive Living and State Policy*, prepared by Robert L. Mollica, Keren Brown Wilson, Barbara S. Ryther and Heather Johnson Lamarche, and published by the National Long Term Care Resource Center at the University of Minnesota and the National Academy for Health Policy.

33. Descriptions of these and other new types of tenure can be found in Chapter Eight of *Housing for Older Canadians* by Canada Mortgage and Housing Corporation, Cat. No. NH15-295/1999, NHA 2184. Canada Mortgage and Housing Corporation is currently carrying out a study of housing projects which have implemented a number of the new types of tenure that are emerging in Canada, such as life leases, shared equity ownership, leaseholds, equity co-ops and co-housing. A report of this study is expected to be published in the third quarter of 2000.

34. In developing your project's policies and guidelines, make sure that they comply with existing policies and legislation of your province or territory. You may also want to review relevant literature, such as *Principles of the National Framework on Aging: A Policy Guide*, developed by the Division of Aging and Seniors at Health Canada, Cat. No. H88-3/21-1998E

35. For complete information about building the ideal team for your project, the numerous and innovative financing options available to housing developers, the full range of types of tenure that can be made available, and much more, consult *Housing for Older Canadians*: by Canada Mortgage and Housing Corporation, Catalogue No. NH15-295/1999E, 1999.

36. There has been recognition on the part of the housing sector professionals and regulatory officials that the regulatory environment at the local level can discourage and impede innovation, add significantly to the cost of housing development, particularly for atypical projects, and limit the range of housing choices for low and modest income households and people with special needs such as seniors and persons with disabilities.
The A-C-T (Affordability and Choice Today) Program funded by Canada Mortgage and Housirg Corporation is designed to encourage changes to planning and building regulations and residential approval procedures in order to improve housing Affordability, choice and quality.
Through the A-C-T program, grants are awarded to municipalities, private and not-for-profit builders, and developers planners and architects to help them undertake innovative regulatory reform initiatives in municipalities across Canada.

A number of projects are selected through a competitive process, by a national committee of housing experts each year (1990-2002). The program falls into five main categories: streamlining the approval process and raising awareness of housing issues; facilitating new forms of housing; identifying new approaches to infill, intensification and conversion; examining alternative land and site development standards; and developing cost effective renovation standards.

37. Detailed information about how to plan new housing for seniors can be found in *Housing for Older Canadians* by Canada Mortgage and Housing Corporation, Catalogue No. NH15-295/1999E, 1999.

38. To find out how you can conduct a needs assessment survey in your community, consult *Planning Housing and Support Services for Seniors* by Canada Mortgage and Housing Corporation, NHA 2014, Cat. No NH15-57/1998E, and its companion computer program, SENIORS, NE6843, also by Canada Mortgage and Housing Corporation.

39. Detailed information on the range of housing options that can be developed to meet the needs of people suffering from dementia can be found in *Housing Options for People with Dementia* by Canada Mortgage and Housing Corporation, Cat. No. NH15-302/1999E, 1999.

40. All costs, fees, etc. are based on 1999 rates.

41. To find out more about these two floors, see *Housing Options for People with Dementia* by Canada Mortgage and Housing Corporation, Cat. No. NH15-302/1999E, 1999.

42. Life leases are a relatively new approach to housing for seniors. A purchaser acquires a legal interest in a housing unit and may occupy it for life by making a lump-sum advance payment (entry fee) and paying monthly fees. The entry fee is usually the current market value of the unit, although it could be less, particularly when partnerships are involved. The monthly fees cover maintenance, operation and management costs of the housing development.
By purchasing a life lease, residents are essentially giving the sponsor of a housing project an interest-free loan before construction starts. The size of the loan is established by the sponsor and is usually equal to part of the market value of the purchaser's unit. This interest-free financing, combined with zero profit for the sponsor, usually results in 10- to 25-per-cent saving for the occupants. For example, instead of paying a full market price of $100,000 for a condominium dwelling unit, people could move into a similar unit in a life-lease project by lending as little as $75,000 to the sponsor.
Additional information on life leases can be found in the following publications: *Source Book on Life Leases: Findings of a Survey of Project Sponsors*, Canada Mortgage and Housing Corporation, Ottawa, 1993; Elfield *Tenure Approaches for Seniors' Retirement Housing Projects*, Canada Mortgage and Housing Corporation, Ottawa, 1991. *Innovation in Housing for Seniors*. Canada Mortgage and Housing Corporation's Housing Awards, 1988.

43. Oregon defines its model as follows: "assisted living means a program approach, within a physical structure, which provides or coordinates a range of services, available on a 24 hour basis, for support of resident independence in a residential setting. Assistive living promotes resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, independence and home-like surroundings." The state of Oregon has adopted assisted living regulations and policies which encourage the use of the arrangement to substitute for nursing homes and to offer home-like environments which enhance dignity, independence, individuality, privacy, choice and decision making. Facilities are required to have written policies and procedures which describe how they will operationalize these principles. Source: *Guide to Assisted Living and State Policy*, May 1995, Appendix, page 56, prepared by Robert L.Mollica, Keren Brown Wilson, Barbara S. Ryther and Heather Johnson Lamarche, and published by the National LTC Resource Center at the University of Minnesota, and the National Academy for State Health policy.

44. *Guide to Assisted Living and State Policy*, May 1995, Appendix, Definitions, page 1, prepared by Robert L.Mollica, Keren Brown Wilson, Barbara S. Ryther and Heather Johnson Lamarche, and published by the National LTC Resource Center at the University of Minnesota, and the National Academy for State Health policy.